DOCUMENT RESUME

ED 214 340	EC 141 558
AUTHOR	Dixon, Gregory L.; Davis, Katherine
TITLE	Peace Corps in Special Education and Rehabilitation. Case Studv CS-2. Appropriate Technologies for Development
INSTITUTION	Partners of the Americas, Washington, DC.
SPONS AGENCY	Peace Corps, Washington, D.C.
PUB DATE	Mar 81
CONTRACT	80-043-1023
NOTE	171p.
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	*Disabilities; *Foreign Countries; Program Evaluation; *Rehabilitation; *Special Education; Volunteers
IDENTIFIERS	*Peace Corps

ABSTRACT

The monograph evaluates the efforts of the Peace Corps in special education and rehabilitation. Charts list levels of activity; work sectors (health, education, social service, or vocational); locale; specialty area (special education, occupational, physical, and speech therapy, vocational rehabilitation, and social work); and disabilities served for 63 countries. More detailed comments are then made regarding the services of the Peace Corps in Brazil, Colombia, Costa Rica, Ghana, Jamaica, Philippines, and the Seychelles. A discussion of critical factors influencing the effectiveness of Peace Corps' efforts in special education and rehabilitation addresses five major areas (sample subtopics in parentheses): programing (interagency dynamics, political and social climate); recruitment (volunteers' personal characteristics); training (understanding organizational structures and customs, volunteer expectations); support factors (host agency support and expectations); and postservice factors (networking returned volunteers and evaluation of assignments and projects). Among appended information are overviews of work related to the handicapped in 63 countries, and a report on the role of disabled Peace Corps volunteers. (CL)

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Peace Corps in Special Education and Rehabilitation

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Peace Corps

PEACE CORPS

IN

SPECIAL EDUCATION AND REHABILITATION

Written by:

Gregory L. Dixon
Katherine Davis

This publication was produced for Peace Corps by
Partners of the Americas
Washington, D.C.

Peace Corps
Information Collection and Exchange
Case Study Number 2
March, 1981

PEACE CORPS IN SPECIAL EDUCATION AND REHABILITATION
March, 1981

Prepared for the Peace Corps by
Partners of the Americas under
Contract No. 80-043-1023

Available through:
Peace Corps, ICE
806 Connecticut Avenue, N.W.
Washington, D.C. 20525

Foreword

The occasion of the 1981 United Nations International Year of Disabled Persons provides a special opportunity to review the experiences, the achievements, and the problems associated with efforts to address the basic human needs of people with disabilities throughout the world.

The challenge has been and continues to be formidable. There are at least 500 million disabled people living in the world today—most of them in developing countries, most of them children, and most of them poor. The interplay between disability and poverty creates devastating problems for individuals, families, communities, and nations. One of the ironies of modern health care is that people are now able to live longer with more debilitating conditions. Industrial and automobile accidents injure millions worldwide. And our urban environments become ever more toxic to our physical and mental well-being. Over the past twenty years, the Peace Corps has sent volunteers throughout the world to help prevent disability, educate handicapped children, train parents to cope with these children at home, build schools and programs in local communities, develop vocational training centers for disabled adults, and strive to break down the barriers of fear, prejudice, and paternalism that further afflict the disabled citizens of the world.

There is little question that the Peace Corps has made the single largest effort to address the global dimensions of disability of any international organization in the world. Furthermore, it appears that this remarkable level of activity and achievement has taken place without grand design, but quietly and effectively, as a natural development of Peace Corps programming.

With this report, we hope to highlight those achievements and outline critical factors influencing the success and failure of special education and rehabilitation programs, and to propose useful models for consideration in future programs of the Peace Corps.

Gregory L. Dixon

Gregory L. Dixon
Partners of the Americas
March, 1981

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The Authors

Gregory Dixon has worked in the international development field for seven years as director of rehabilitation, special education, and mental health programs for Partners of the Americas. The Partners organization is the largest private people-to-people program working to improve the quality of life in the Americas. Prior to that he served as director of a family mental health center in Atlanta, Georgia, and consulted with a variety of rehabilitation organizations, schools, and other human service agencies in Georgia and Alabama. In recent years, Mr. Dixon has directed the development of a new international project called the Partners Appropriate Technology for the Handicapped (PATH) Project which promotes the use of low-cost, community-based approaches to disability prevention, special education, and rehabilitation.

Mr. Dixon holds a bachelor's degree in psychology from Birmingham-Southern College and an M.Ed. degree in rehabilitation counseling from Georgia State University. He has served on a number of advisory councils and planning committees for international activities to benefit disabled citizens and was recently selected as a Mary E. Switzer Fellow for the fifth Switzer Seminar on International Aspects of Rehabilitation.

Katherine Davis served as a Peace Corps Volunteer in Ecuador, designing a program in music therapy at a school for blind and deaf students. She has undergraduate degrees in anthropology and music, and has completed coursework for a master's degree in music therapy from the Catholic University of America. Since January of 1980, Ms. Davis has worked as a consultant for the Partners of the Americas in the program area of special education and rehabilitation, and has recently joined the staff as Assistant Director of Partners Appropriate Technology for the Handicapped Project.

Acknowledgments

The authors of this report worked primarily as synthesizers of a vast amount of information generated by other people. First of all, we thank the several thousand former and current Peace Corps Volunteers who have served in developing countries in projects to improve the quality of life for millions of disabled people. Their contributions over the past twenty years of Peace Corps history are the basis for this report.

Secondly, we thank the hundreds of Peace Corps staff who have helped create the opportunities and provide the support for the large number of volunteers.

Several hundred Peace Corps Volunteers, in-country staff, and Washington staff contributed directly to compiling this report. They responded to surveys, submitted to interviews, and gave us the benefit of their experience and opinions. This help was essential and invaluable.

Finally, we thank Margot Aronson, ICE Director, Denise Conley, Associate Health Specialist, OPTC, and Susan Hewes, Technical Information Specialist, ICE, for their excellent guidance, their constructive criticism, and above all for their commitment to making the Peace Corps even more effective in meeting the basic human needs of disabled persons throughout the world. We hope this report will assist in that effort.

METHODOLOGY

In approaching this assessment of Peace Corps' efforts addressing the needs of disabled persons, the authors had the dubious advantage of knowing that the task would be formidable. We suspected that the sheer quantity of projects dealing with disability would be quite high, but that detailed information about those projects would be scattered. We were right.

A second problem was that projects concerning disability spill over into several major sectors of Peace Corps programming (i.e. Health, Education, Vocational Development, and Community Development). Consequently, there were many different sources of information to research.

Deciding how to gather information on a wide range of issues and subjects was a critical early decision in this assessment. Three basic methods were used:

1. Document collection and review;
2. Formal surveys; and,
3. Interviews with selected knowledgeable persons.

Document Collection and Review

Peace Corps has a large quantity of "fugitive literature" relating to all its work and we certainly found this to be true in special education and rehabilitation projects. Past country management plans, Trainee Assignment Criteria (TAC) sheets, volunteer and consultant reports, and a variety of internal staff documents offer a wealth of information about Peace Corps activity concerning disability. Numerous former volunteers sent us reports and articles that were never known to exist by more than a few people. This situation is not a criticism of Peace Corps. If every activity of thousands of volunteers were thoroughly reported in print, the mountain of paper would bury Washington and its suburbs.

Formal Surveys

The most systematic method of data gathering for this assessment involved two survey instruments which form the objective base for this report. One survey was sent to all Peace Corps Country Directors to give us a recent overview of all projects concerning disabled persons. The second survey was sent to a sample of former volunteers who worked in special education or rehabilitation projects. These provided us with more in-depth information on common special education and rehabilitation issues. Had time permitted, we would have preferred to develop a third survey to send to host country supervisors of volunteers. There can be a number of undesirable side effects of such a written survey on future programming, as well as potential for confusion as to who speaks for the Peace Corps in-country, and a decision was made not to pursue this option. We did, however, send a letter to selected host country institutions requesting evaluative information on Peace Corps' work in their setting and received several useful responses.

Interviews

Several hundred personal and telephone interviews were held with current and former staff and volunteers, a variety of international experts in special education and rehabilitation, and a number of host county nationals. These interviews often provided the most thoughtful insights, the most pointed criticism, the highest praise, and the most practical recommendations for future efforts concerning disabled persons.

The Physical Quality of Life Index

Reference is made in each of the case studies to the Physical Quality of Life Index (PQLI). We have chosen to include this indicator because it succinctly sums up the development processes of the countries. The PQLI is a composite indicator, developed by the Overseas Development Council, to measure the performance of the poorest countries in meeting their basic human needs as well as critical welfare issues facing the countries. Three indicators make up the composite Physical Quality of Life Index: infant mortality, life expectancy, and basic literacy.

These three indicators were selected as most accurately representing the combined effects of public health, nutrition, family and environmental processes and social situations. Indicators not chosen include: death rate (life expectancy is considered more accurate since it is corrected for age structure), birth rate, morbidity, structural indicators (i.e. agricultural vs. industrial organization), subjective indicators (e.g. "satisfaction" and "happiness" indices) and birth levels.

Presentation

In an effort to provide an overview of activities addressing the needs of disabled persons, we begin by presenting a country-by-country description of the general types of special education and rehabilitation projects engaged in by volunteers over the span of the last several years. Information was limited by availability of statistical data and a necessity to rely on the memory of recent staff. Based on the general information gathered from this overview, seven countries were chosen for more in-depth study. Selection criteria focused on new and special project assignments, diversity of assignments, and regional representation. It was also decided to document the work of volunteers in countries which are phasing out Peace Corps involvement. We have attempted to describe the general scope of each of the seven countries' programs and in some cases highlight a particular project. A discussion of critical factors influencing the effectiveness of special education and rehabilitation projects follows, using examples from the case studies.

Author Biases

In any evaluative report, the authors can achieve more credibility by confessing their biases at the outset. Regarding this report, it should be pointed out that both authors began their assessment with generally positive impressions about Peace Corps and its accomplishments in the effort to improve the quality of life of disabled people. To offset this bias, we looked carefully for flaws, mistakes, and bad practices. We found some and have described them throughout the report without hesitation.

Both authors have first hand experience with disability at the professional level and within our respective immediate families. Our appreciation for the extraordinary and pioneering international efforts of the Peace Corps concerning disabled persons will be evident.

Classifying Peace Corps Programs Addressing the Needs of Disabled Persons

Introduction:

One central problem in describing any of the work of the Peace Corps is deciding how to classify so many diverse assignments in so many countries using so many different kinds of people. Indeed, why should we bother to do so in the first place? It sometimes seems that attempts to classify diverse activities can result in obscuring information rather than in clarifying it. Nevertheless, the Peace Corps is held accountable for the performance of its mission by a tax-paying public, a watchful Congress, and a management staff that must look for ways to improve the performance of all Peace Corps programs.

Peace Corps' efforts concerning disability are much more broadly based than one might first imagine. Peace Corps Volunteers are often found working with handicapped children as a secondary activity in the evenings or on weekends—work which is not "counted" in any statistical sense. For example, agronomists have taught mentally retarded boys to farm, primary health care workers have worked to prevent blindness and birth defects, and architects have built new schools for physically handicapped children. While these activities would not likely be identified as special eduction or rehabilitation projects, it is clear that they have had an impact on the lives of disabled persons.

Simply stated, it is not possible to measure the full impact of Peace Corps' efforts concerning disability. It is possible, however, to get a sense of the level of activity in each country and to group some of the major activities in a format that can be useful.

Classification Scheme:

Any attempt at data collection for classification purposes should strive to meet at least one of the following criteria:

1. The information collected has value for the volunteers themselves (e.g. it might help them network information with volunteers in other countries).
2. The information has value for Peace Corps staff (e.g. a better knowledge of volunteer efforts with the handicapped may result in better planning and more successful assignments).
3. The information is valuable to the world community concerned with the quality of life of handicapped people (e.g. many organizations need information on designing programs for handicapped persons in villages and rural settings).
4. The information has accountability value for congressional testimony or government evaluation purposes.

In an effort to begin to address the above criteria, the authors devised the following classification scheme to provide a graphic overview of Peace Corps' efforts relating to disability. Peace Corps countries are listed alphabetically and are followed by categories that denote the level of Peace Corps activity in that country, the Physical Quality of Life Index, and four categories describing the distribution of Peace Corps assignments by work sector, locale, volunteer specialty area and the disability served.

Five of the individual components of the classification scheme are described in more detail below.

Activity Level:

One of the most common questions asked about Peace Corps' efforts concerning disability is: How much activity takes place in a given country? One way to approach answering this question is to categorize each country in the following manner:

Class I **(No Activity):** Countries classified as Class I will have had little or no PCV activity relating to the needs of the disabled or to disability prevention.

Class II **(Occassional Assignments):** Countries in Class II will have had only occasional PCV assignments in activities to benefit the disabled. No systematic use of volunteers or planned sequence of volunteer activity exists.

Class III **(Projects for the Disabled):** Countries in this class have a number of PCV assignments which are programmed in such a way as to constitute a "project" addressing the needs of the disabled. The term "project" is used here to denote a situation in which all volunteer activity in a given country concentrates on one specific disability need area or activity, or conversely, when there are a number of single volunteer placements, each addressing a different disability need area or activity. In both cases, assignments might be programmed either simultaneously or sequentially.

Class IV **(Programs for the Disabled):** A Class IV country is distinguished by, in effect, combining the two kinds of "projects" described above. That is, it systematically coordinates Peace Corps "projects", each with a number of volunteers, into an overall program addressing a variety of disabilities and specialty areas. For example, a country which has a number of volunteers working in a polio or rubella vaccination project (disability prevention), a deaf education project (special education) and a vocational training project for blind young adults (vocational education) would have a "program" for the handicapped.

Using this system, we see that in terms of activity, Peace Corps presently has 17 Class I countries, 10 Class II countries, 10 Class III countries and 12 Class IV countries working in activities to benefit disabled persons (see charts that follow).

This system could also be applied to other Peace Corps programming areas such as Fisheries or Forestry/Conservation. In this classification scheme, the total number of volunteers in each project is not as important as their systematic assignment in particular project areas.

Distribution Categories:

The Peace Corps is also asked questions such as: How many physical therapists are in the Peace Corps? How many volunteers work in rural areas? or, How many volunteers work in schools with mentally retarded children? These kinds of questions, whether raised by the White House, a journalist, or a professional association, are frustrating because they are impossible to answer precisely. However, they typically have one thing in common. The questions are generally asking something about the distribution of activities of Peace Corps Volunteers.

The following distribution categories have been chosen as most relevant to discussion of Peace Corps' efforts in activities addressing the needs of handicapped persons:

Work Sector: While the following categories are somewhat imprecise, they are commonly used by international organizations in describing the sectors involved in a particular development project: 1) Health sector, 2) Education sector, 3) Social Service sector, and 4) Vocational Development sector.

Locale: Three categories have been selected to indicate whether a volunteer is working in a predominantly urban or rural setting. The setting, 1) Urban, 2) Small Town or Village, or 3) Rural, often affects the material, institutional and human resources available to a volunteer.

Specialty Area: It may also be useful to program planners, recruiters, and the leadership of professional organizations to know what professional background the Peace Corps Volunteer brings to his or her assignment. For example, we may find that the Peace Corps has been very successful in recruiting volunteers from the speech and hearing professions while being considerably less successful in recruiting physical therapists. A systematic change in recruitment strategy might alleviate such a problem. The most common professional backgrounds of volunteers presently working in the areas of disability prevention and rehabilitation are social workers, physical therapists, special education teachers, occupational therapists, speech and hearing specialists, and nurses.

Type of Disability: It is also important to the program planner to know what kinds of disabilities are addressed by the work of Peace Corps Volunteers in a given country. For example, we may find that volunteers are more successful working in the area of deaf education than in the education of blind persons. If that were the case, it would have considerable impact on future programming decisions. Or, an APCD* considering new programming initiatives in a special education/rehabilitation field may wish to exchange ideas or get advice from another APCD in a neighboring country. One useful way of categorizing disabilities is as follows: 1) Seeing Problems, 2) Hearing Problems, 3) Learning Problems, 4) Mobility Problems, 5) Behavior Problems, and 6) Multiple Problems.

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*Associate Peace Corps Director, generally functioning as field programmer

The charts on the following pages represent the above information graphically for a time period of approximately three years (1977-1980). The distribution categories are independent from each other and are not intended to illustrate whether a specific social work volunteer in Colombia is working in an urban area, small town, or rural site, or to relate one category directly to another.
At any given time, however, a Peace Corps staff person may want to use a blank copy of the chart to assess the current status of Peace Corps assignments and substitute actual numbers for the dots used in this "recent history" status report, in which case the above correlations could be made. The format could also be adapted to describe other time periods representing, for example, "current status", the past five years, or the entire history of the Peace Corps.

1977-1980

Country	Level of Activity	PQLI	Work Sector: Health	Work Sector: Education	Work Sector: Social Service	Work Sector: Vocational	Locale: Urban	Locale: Small Town	Locale: Rural	Specialty Area: Special Ed.	Specialty Area: Physical Therapy	Specialty Area: Occupational Th.	Specialty Area: Speech & Hearing	Specialty Area: Social Work	Specialty Area: Voc. Rehab.	Disability Served: Seeing Problems	Disability Served: Hearing Problems	Disability Served: Learning Problems	Disability Served: Mobility Problems	Disability Served: Behavior Problems	Disability Served: Multiple Problems
Belize	II	-	●	●			●			●	●				●	●			●		
Benin	I	23																			
Botswana	II	51		●			●			●			●			●	●				
Brazil*	IV	68	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Cameroon	I	24																			
Central African Republic	I	18																			
Chile	IV	77	●	●	●	●	●	●		●		●		●	●			●	●		●
Colombia	IV	71	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●
Costa Rica	IV	86	●	●			●	●	●	●	●	●	●				●	●	●		
Dominican Republic	III	64	●	●			●			●	●	●				●			●		
Eastern Caribbean	IV	73	●	●			●	●		●	●		●				●	●	●		
Ecuador	IV	68		●		●	●	●	●	●	●	●	●			●	●	●	●	●	●
Fiji	II	80	●		●		●				●			●					●		●

NOTE: A blank square indicates that the authors found no documented evidence of PCV activity in that category for the time frame represented by the chart.

* Peace Corps phased out all activities in December, 1980

Country	Level of Activity	PQLI	Work Sector				Locale			Specialty Area						Disability Served					
			Health	Education	Social Service	Vocational	Urban	Small Town	Rural	Special Ed.	Physical Therapy	Occupational Th.	Speech & Hearing	Social Work	Voc. Rehab.	Seeing Problems	Hearing Problems	Learning Problems	Mobility Problems	Behavior Problems	Multiple Problems
Gabon	I	21																			
The Gambia	I	25																			
Ghana	III	35		●			●			●	●						●	●			●
Guatemala	III	52	●	●			●			●	●							●			●
Honduras	IV	51	●	●			●			●	●		●	●			●	●			●
Ivory Coast	I	28	●																		
Jamaica	IV	84	●	●	●		●	●	●	●		●	●	●	●	●	●	●		●	●
Kenya	III	39		●			●			●			●				●	●			
Korea	IV	82	●	●		●	●			●	●	●	●			●	●	●	●		●
Lesotho	II	48	●	●			●			●						●		●			
Liberia	II	26	●		●		●			●	●										●
Malawi	III	31	●	●		●	●			●	●				●	●	●		●		
Malaysia	IV	67		●	●		●			●	●	●	●			●	●	●	●	●	●

Country	Level of Activity	PQLI	Work Sector				Locale			Specialty Area						Disability Served					
			Health	Education	Social Service	Vocational	Urban	Small Town	Rural	Special Ed.	Physical Therapy	Occupational Th.	Speech & Hearing	Social Work	Voc. Rehab.	Seeing Problems	Hearing Problems	Learning Problems	Mobility Problems	Behavior Problems	Multiple Problems
Mali	II	15	●	●						●						●					
Mauritania	I	21	●										●								
Micronesia	III	-	●	●			●			●	●		●				●	●	●		
Morocco	IV	41	●	●	●	●	●	●		●	●			●	●	●			●		●
Nepal	II	25		●			●		●	●						●					
Niger	I	13																			
Papua New Guinea	I	43																			
Paraguay	III	75	●	●			●			●	●			●				●		●	●
Philippines	IV	71	●	●			●	●	●	●	●	●	●			●	●		●		
Senegal	I	25																			
Seychelles	III	72	●	●		●	●			●		●	●			●	●		●		●
Sierra Leone	III	27		●			●			●									●		

Country	Level of Activity	PQLI	Work Sector				Locale			Specialty Area						Disability Served					
			Health	Education	Social Service	Vocational	Urban	Small Town	Rural	Special Ed.	Physical Therapy	Occupational Th.	Speech & Hearing	Social Work	Voc. Rehab.	Seeing Problems	Hearing Problems	Learning Problems	Mobility Problems	Behavior Problems	Multiple Problems
Solomon Islands	I	-																			
Swaziland	I	43		●						●											
Tanzania	I	50																			
Thailand	III	70	●	●			●			●	●	●	●			●	●	●	●		
Togo	I	27																			
Tonga	I	-																			
Tunisia	II	47		●			●			●					●			●			
Upper Volta	II	16	●	●						●	●								●		
Western Samoa	II	84	●	●						●						●					
Yemen	I	33																			
Zaire	I	32																			

SELECTED COUNTRY REVIEWS

BRAZIL

Population:	119.2 million (1979 estimate) Ethnic Groups: Portuguese, African, Mulatto Population Density: 35.11/square mile; 61.2% urban
Area:	3,286,478 square miles Larger than the continental U.S., Brazil is divided into four regions: the Amazon River basin, Northeast, South-Central and Southern Coastal.
Urban Centers:	Brasilia (Capital), Sao Paulo, Rio de Janeiro, Belo Horizonte, Recife and Salvador
Government:	Federal Republic, independent from Portugal since 1882 (local divisions: 22 states, 4 territories and the Federal District)
Economy:	Increasing industrialization Brazil is classified as an "upper-middle income" country with a per capita GNP of $912 and an average annual per capita growth rate of 2.7%.
Education:	Free and compulsory There is state responsibility for educational services and thus educational opportunities vary from state to state. Approximately 10-20% of Brazilian children are without schooling.
Languages:	Portuguese
PQLI:	69 (1977) Life Expectancy (1970): 57.61 males; 61.1 females Infant Mortality (1977): 82/1000 Literacy Rate (1977): 70%

I. SPECIAL EDUCATION AND REHABILITATION PROFILE

Disability in Brazil:

There are an estimated 9-12 million disabled persons in Brazil. Primary concern for disabled persons has traditionally been concentrated on physically handicapped persons, although increased attention is now being focused on the needs of the mentally retarded.

Institutional Infrastructure:

Brazil has the most extensive infrastructure of public and private agencies working with disabled persons of any country in which Peace Corps has worked. Several ministries of the government share responsibility for providing services to disabled persons, including the Ministry of Education and Culture (National Center for Special Education—CENESP), the Ministry of Health (National Secretary of Health, Division for Mental Health), and the Ministry of Social Welfare (National Foundation for Child Welfare).

An expansive network of schools has been created to assist low-income mentally and physically handicapped children. The schools, called APAEs (Association of Relatives and Friends of the Exceptional) operate on a non-profit basis and depend almost exclusively upon public fund-raising. There are currently several hundred APAEs throughout Brazil offering a variety of services. For example, an APAE in Sao Paulo operates 5 satellite centers and provides diagnostic as well as therapeutic services. The Sao Paulo APAE also conducts research which is supported by CENESP, the government special education agency.

A special education teacher in Brazil has typically completed high school and taken a qualifying course varying from 3-12 months in duration. The Montessori teaching method has gained recent popularity and attention in Brazil.

The Pestalozzi Society, founded in 1932, has a long tradition of providing services, including teacher training and public education to benefit disabled persons. Initially established in Minas Gerais, there are units of the Society in many parts of Brazil. While residential care for disabled persons in Brazil is limited, the Pestalozzi Society does provide some residential care and is also active in training personnel to work with disabled persons.

The Brazilian government recognizes a critical need to train more special educators and health personnel to work with disabled persons. In 1974, 58,719 mentally retarded children were enrolled in 2,362 special education units throughout Brazil. In the Northeast region of Brazil, facilities are particularly overburdened, with 20 schools serving a five-state region of 2 million persons. Only 5% of retarded children attend school in this region.

Legislation Affecting Disabled Persons:

State laws in Brazil declare the rights of and provisions for disabled persons. In 1966, the Special Education Service conducted a study to guide the planning efforts of an educational system for mentally retarded children. While most schools for retarded persons are under private auspices, mentally retarded children do have the right, by law, to special education through the public school system.

Numerous efforts are underway regarding new legislation in housing, transportation, and employment for disabled persons.

Publications which deal with issues of disability in Brazil include:

Brazilian Association for the Scientific Study of Mental Deficiency Journal; the Pestalozzi Society Bulletin and Messagem (published by the National Federation of APAEs).

II. PEACE CORPS ROLE IN SPECIAL EDUCATION AND REHABILITATION

All Peace Corps work in Brazil was phased out in December of 1980. In order to document the impact of the work of special education and rehabilitation volunteers (approximately 150 in the past six years), the following overview of Peace Corps' work in that field is presented.

Aside from their involvement in special education project areas, volunteers have also provided assistance in vocational education and community health projects with significant impact on the lives of disabled persons in a wide variety of locations, assignments and settings in Brazil.

Institutions, other than APAEs, which have received support from Peace Corps Volunteers in recent years include: Fundação Dom Bosco, Belo Horizonte, Minas Gerais; Instituto Gammon, Lavras, Minas Gerais; Secretaria de Educação, Governo do Estado do Ceará, Fortaleza, Ceará; Occupational Therapy Department of the University of Fortaleza, Fortaleza, Ceará; and Escola de Ciências Medicas, Belo Horizonte, Minas Gerais.

Additionally, volunteers have worked at a School for the Mentally Retarded in Crato, Ceará; FEBEM (a social welfare foundation) in Fortaleza, Ceará; a medical hospital in Campina Grande, and leprosariums in various locations in Minas Gerais.

Vocational Education

- Volunteers have worked as advisors to the Foundation for the Assistance of Abandoned Minors in creating rehabilitation programs for abandoned children. Those volunteers working in community health have been assigned primarily to schools for physically and emotionally disturbed children and concentrated their efforts on designing occupational programs. In 1979 there were seven volunteers on one such project including a pediatric nurse and an orthopedic technician.

Special Education and Rehabilitation

- The Peace Corps has also worked with the Fundação Estadual de Leprocomial (FEAL), an agency concerned with providing medical care to patients with Hansen's Disease (formerly called leprosy). Persons with Hansen's Disease typically receive only custodial care in leprosariums which house 600-800 persons. Preventive care for the patients is minimal and there is little educational activity directed toward the patients regarding the causes and possible treatments of deformities caused by the disease. The Peace Corps has provided occupational therapists to work in leprosariums to create a rehabilitation sector which will provide leisure time activities for the patients. Other activities involved lectures on the importance of hand and foot care, instruction on the use of special devices and community education to help combat common misconceptions about the disease.

- Volunteers have also contributed to the rehabilitation sector in the area of orthopedic care through the Bahian Rehabilitation Institute which offers physical and occupational therapy as well as psychological testing and medical services. The volunteers, assigned as orthopedic technicians, evaluated workshop services and served as consultants on the purchase and construction of new equipment to better meet the needs of the Institute.

- Direct services have been provided to approximately 860 children and their families in special education and rehabilitation projects.

APAE Program

Volunteers have worked in the APAE system as administrators, supervisors, trainers and teachers in a wide variety of locations throughout Brazil. The following activities provide examples of their assignments in APAE schools:

- Special education advisors for the deaf work in APAEs to strengthen the overall special education program. The APAE in Minas Gerais (with an enrollment of approximately 160 children) has received Peace Corps support in this capacity.

- Volunteers have worked in the areas of physical education, physical therapy, speech therapy and special education in APAEs in Belo Horizonte. In 1978 there were 18 volunteers in the rehabilitation project.

- The first Special Olympics was planned with an APAE in Espirito Santo with collaboration from the National Federation of APAEs (400 participants).

Teacher Training

Peace Corps/Brazil's major focus has been in the area of teacher training. Specific activities carried out in this area include:

- Central Region: in-service training given to 45 personnel at APAEs; courses in occupational therapy given to 62 persons in Espirito Santo and Minas Gerais; course given in physical education and recreation to 98 persons in Minas Gerais and Espirito Santo.

- Northeast Region: training of two physical education teachers in Crato, Ceará; 40 college-level physical education teachers trained to work with mentally retarded children; four special education teachers trained in an APAE in Rio Grande do Norte; an occupational therapy program created at the Ceará State Secretariat of Education; a speech therapy program created at a school in Fortaleza; a physical education program initiated in a Fortaleza APAE; and counterparts trained in the total communication approach for deaf persons.

Contributions to the field of special education include the following papers and articles written by special education volunteers:

"An Introduction to Cerebral Palsy—Bobath Method"
"Manual da Educação Fisica Para Escolas da Excepcionais"
"Musica na Escola Excepcional"
"Fisioterapia para Quadriplegicos e Paraplegicos"
"Construção do Tratamento de Bobath"
"Introdução a Paralisia Cerebral no Metodo Bobath"
"Directives for Treatment of Leper Patients"
"Directives for Rehabilitation Patients"
"Manuals and Directives Regarding 'Tratamento dos Cegos' "
"A Criança Excepcional e Sua Educação"
"Aspecto da Recreação no Tratamento da Criança Excepcional"
"As Olimpíadas Especiais"

III. SUMMARY COMMENTS

In its many years of work in special education/rehabilitation in Brazil, Peace Corps workers have made a measurable contribution to developing the human potential of thousands of disabled Brazilian citizens.

The decision of the Brazilian government to phase out all Peace Corps activity has both positive and negative implications for special education and rehabilitation. There is the possibility that Peace Corps' departure will result in increased demand for additional in-country support of the disabled and that the Brazilian government will increase its funding of services during the International Year of Disabled Persons. However, there is little question that the departure of Peace Corps workers will, at least temporarily, leave a gap in service to many disabled persons. A businessman from Sergipe remarked to the authors that, "It is a tragedy for us to lose the volunteers who helped our handicapped children. They went to the poorest villages in the most remote part of our state and gave hope and training where none existed before. The parents of the children cried when the volunteers left because they know they will not be replaced."

It is interesting and important to note how Brazil managed to attract so many special education and rehabilitation Peace Corps workers. Certainly the need and opportunity were there, but it is also apparent that a remarkable Peace

Corps staff person in Brazil had the major hand in this impressive record. Vitor Braga was a regional director for Peace Corps/Brazil from 1973-1979 and was based in Belo Horizonte, a large city in Minas Gerais. A Brazilian attorney by profession, Braga had a special affection for handicapped children and sought to help numerous APAE schools in Minas Gerais get Peace Corps Volunteers with backgrounds in special education, occupational therapy, and other areas concerned with disabled persons. Through the APAE organization, the contribution of Peace Corps workers quickly became known and new volunteers sought throughout Brazil.

The record of Peace Corps in Brazil demonstrates the potency of the combination of good staff support, an expressed human need, skilled Peace Corps workers, and good host agency support.

The authors believe that Peace Corps' contributions to the lives of disabled persons in Brazil over its 18-year history of work in that country, constitute the single largest and most effective effort to improve the quality of life of disabled people of any international organization in the world.

COLOMBIA

Population:	27.3 million (1980 estimate)
	Ethnic Groups: 68% mestizo, 20% Caucasian, 7% Indian, 5% Black
	Ninety-eight percent of the population lives in the Andean highlands.
Area:	439,735 square miles (larger than Texas and California combined)
Urban Centers:	Bogotá (Capital), Medellin
	There is a heavy movement from rural to urban areas. In 1951, 40% of the population lived in rural areas, increasing to 63% in 1973. There are 23 cities in Colombia with over 100,000 inhabitants.
Government:	Republic; President with cabinet and elected legislature
Economy:	Farming and cattle herding
	Colombia is classified as a "lower-middle income" country with a per capita GNP of $612 (1977). Colombia's growth rate was 1.6% between 1950-1970.
Education:	Government supports primary and secondary education, though not uniformly. Five years of primary schooling is compulsory. While 77% of children enter primary school, only 22% finish.
Language:	Spanish
PQLI:	71 (1970-1975)
	Life Expectancy (1975): 58.5 male; 61.2 female
	Infant Mortality (1975): 46.6/1000
	Literacy Rate (1977): 81%

I. SPECIAL EDUCATION AND REHABILITATION PROFILE

Disability in Colombia:

An estimated 6 million Colombians need rehabilitative services, but only some 2,000 persons presently receive such services. A 1980 estimate places the number of school-aged retarded children in Colombia at 2 million.

The problems of abandoned and neglected youth are also serious in the urban areas of Colombia where there are 2,000-5,000 abandoned children between the ages of 5-14.

Institutional Infrastructure:

Special education services in Colombia are developing rapidly but the problems of disability are greater than the current capacity of existing resources.

In 1968, legislation delegated responsibility to the following agencies for provision of special education services: the National Ministry of Education (Division of Special and Preschool Education), the Colombian Institute of Family Welfare which operates 52 privately-financed day care centers, and the National Rehabilitation Council.

A number of voluntary agencies created in the last two decades have also addressed the needs of disabled persons, including: the Colombian Association for the Scientific Study of Mental Deficiency, the Colombian Association for Retarded Children, the Association of Parents and Friends of Exceptional Children of the Atlantic, the Association for Handicapped Children, the Foundation for Special Education, and the Foundation for the Investigation and Development of Special Education (FIDES). Approximately 60% of available services and resources to disabled persons comes from private Colombian institutions.

Legislation Affecting Disabled Persons:

A 1974 law mandated special classes for mildly retarded children in the regular school system.

II. PEACE CORPS ROLE IN SPECIAL EDUCATION AND REHABILITATION

Between 1977-1981, more than 100 Peace Corps Volunteers worked in special education and rehabilitation in Colombia in health, educational, social service and vocational development projects. The Peace Corps is scheduled to phase out of Colombia at the end of FY 1981.

Under its present project plan, the special education and rehabilitation program (initiated in 1976) is working to increase the self-reliance of disabled persons, to improve training opportunities for local personnel, to increase material resources, and to promote awareness about special education in the general public. Volunteers also work to help increase employment opportunities for disabled persons.

Resources for Peace Corps activity have been provided by the Ministry of Education (Office of the Chief of the Division of Special Education—the host agency for Peace Corps Volunteers), the National Institute for the Blind, National Institute for the Deaf and international sources such as the Joseph P. Kennedy, Jr. Foundation, Partners of the Americas, Goodwill Industries, and the Victoria Gildred Foundation.

Special Education and Rehabilitation

- Volunteers serving as Educators for Mentally Retarded, Deaf and Learning Disabled persons work as part of a team to assist school staff in setting up educational programs. In some centers volunteers assist the psychologist in testing procedures and introduce new procedures where appropriate. Volunteers in this capacity have also set up recreational programs and other training activities.

- Other volunteers have worked as team members with the National Institute for the Blind (under the auspices of the Ministry of Education) as Placement Officers for the Blind. Their aim is to increase employment and educational opportunities for blind persons, primarily through evaluating clients for job suitability and job readiness. Their recipients range in age from 18-64.

- Volunteers also work as special educators for deaf children through the Instituto Nacional para los Sordos (National Institute for the Deaf, or INSOR).

- Volunteers have worked as Pre-Vocational Trainers for the Mentally Retarded as part of a team with staff members of their schools. Volunteers in this program train mentally retarded adolescents and adults in skills which prepare them for gainful employment. Training generally takes place in the areas of carpentry, agriculture and handicrafts.

- Volunteers serving as Organizers of Camps for the Mentally Retarded work in conjunction with the YMCA and FIDES to organize week-long and weekend camps for mentally retarded children from inner city Bogotá.

- Others volunteers, also working with the YMCA in Bogotá, organize short and long courses for parents of retarded children as Organizers of Programs for Parents of Mentally Retarded Children. The goal of these classes is to prepare parents to work with their children in the home and thus help overcome the problem of insufficient space in the presently existing programs.

- A volunteer has worked as an Organizer of Services for Physically Handicapped Adults helping to organize the country's first Telethon to raise funds to assist programs for the physically handicapped. The same volunteer is also helping to build a center for the physically disabled, where medical and vocational training services will be available.

Special Olympics

The Special Olympics project was initiated in April, 1978, and is hosted by the Foundation for the Research and Development of Special Education (FIDES). There were seven volunteers working in the Special Olympics project in 1978, increasing to ten in 1979.

Volunteers working in this project received several days of training in Hattiesburg, Mississippi, from the Mississippi Special Olympics in the preparation and direction of Special Olympics programs.

- Volunteers serving as Physical Education Instructors for Mentally Retarded Persons work to set up physical education classes in a Center for Mentally Retarded Children, to write, plan and implement a physical education curriculum, and to assist in the organization of Special Olympics games at the local, regional and national level. They also aid in the promotion of a national effort to increase awareness of the problems of mentally retarded persons and to increase educational opportunities for them. All age groups are affected by this project and recipients vary from lower level "trainable" stages of retardation to the learning disabled.

Colombian nationals have now taken full responsibility for the Special Olympics program, having held major new events and raising a sizable sum of money to continue the program into the future. The work of the Peace Corps Volunteers, viewed a year or two after their termination, set the stage and created a demand for follow-up.

Involvement of Disabled Special Education Volunteers

In 1977, three blind Peace Corps Volunteers were recruited to work in Colombia. Only one of the three remained for the full term while the others terminated shortly after their assignments began due to personal difficulties. The volunteer who remained believes that the other two terminated early because of factors other than blindness.

The blind volunteer who completed her service worked in the small town of Bucaramanga at the National Institute for the Blind, a branch of the main Institute in Bogotá. Her primary assignment was to teach music, but she also became involved in teaching braille and mobility classes. Despite the extra involvement, the volunteer stated that she did not have enough to do and so transferred to a private Catholic primary school in Bogotá, the Instituto Colombiano para Niños Ciegos. The Instituto provides services for approximately 60 students and the volunteer was called upon to work with the complex disabilities of blind retarded children.

III. SUMMARY COMMENTS

Colombia stands out prominently as a country in which the Peace Corps has had a dramatic impact upon the lives of disabled people. There has been extensive planning and a large number of well-qualified volunteers working in all parts of Colombia. Many special education volunteers have extended their Peace Corps service.

In the opinion of the reviewers, Colombia has been an appropriate kind of country for Peace Corps assignments in special education and rehabilitation. Colombia has some very creative programs as well as some highly trained and capable professionals. However, the number of programs and people has not been nearly enough to meet identified needs. The Peace Corps has helped to fill large gaps in important human service delivery areas.

COSTA RICA

Population: 2.2 million (1979 estimate)
Ethnic Groups: Spanish (with a Mestizo minority), Indians, Jamaican Negroes
Population Density: 107.36/square mile; 40.6% urban (1973)
Area: 19,635 square miles (slightly smaller than West Virginia)
Two-thirds of the country is covered by mountain forests.
Urban Centers: San José (Capital), Alajuela, Cartago
Government: Democratic Republic, governed by a President and Chamber of Deputies
Independent since 1821, a constitution was adopted in 1947.
Economy: Agriculture, forestry, export of coffee and bananas
Costa Rica is classified as an "upper-middle income" country with a per capita GNP of $884, and an average per capita growth rate of 2.4%, representing the highest per capita income and most evenly distributed GNP in Central America.
Education: Compulsory for six years
Language: Spanish (official), Limon
PQLI: 86 (1977)
Life Expectancy (1974): 66.3 male; 70.5 female
Infant Mortality (1977): 27.8/1000
Literacy Rate (1977): 89%

I. SPECIAL EDUCATION AND REHABILITATION PROFILE

Disability in Costa Rica:

According to Peace Corps Project Summary Sheets, there are an estimated 240,000 disabled persons in Costa Rica. The incidence of disabling conditions and diseases is not well documented in Costa Rica. However, based on statistics in comparable developing countries, experts estimate that 12-14% of the total population is handicapped. Major handicapping conditions are distributed nationwide approximately as follows:

Deaf	95,850
Speech Impairment	13,500
Locomotor Impairment	13,500
Epilepsy	39,600
Mental Impairment	54,000
Blind or retarded	53,500

In 1954, a major polio epidemic left more than 1,000 persons with severe disabilities.

Costa Rica has the highest level of sound pollution in Latin America. A random sampling indicated that 6% of Costa Rica's population has a hearing impairment or loss. The situation is more problematic in rural areas since children are not routinely screened for detection of problems and those who have problems do not receive adequate medical attention.

Causes of blindness and deafness in Costa Rica are thought to be basically preventable. Such causes include infection and malnutrition, which predominate in rural areas.

Institutional Infrastructure:

Costa Rica has one of the most extensive and progressive networks of services to disabled persons of any country in the Americas.

Several sectors of the Costa Rican government have active programs addressing the needs of disabled children and adults. The Ministry of Public Health supervises a network of maternal and child care centers. The Ministry of Education provides extensive public special education, and the Ministry of Labor and Social Welfare provides vocational development services and special social security payments for some disabled persons.

The Department of Special Education in the Ministry of Education offers a creative range of special education services throughout Costa Rica. In addition to the special education schools, the Department has developed projects integrating handicapped students into regular classrooms. While needs are still substantial, the staff of the Department of Special Education provides an impressive public special education system.

The Ministry of Health and the National Insurance Institute provide diagnostic equipment for treatment in rehabilitation facilities. Programs treating muscular and skeletal disorders are fairly well developed.

The National Council on Rehabilitation and Special Education directs national policy and planning efforts in coordination with the various government ministries and private organizations.

The University of Costa Rica now has a teacher training program in special education, graduating its first class of special educators in 1976. A number of new areas of training such as comprehensive rehabilitation are in the planning stages. Portland State University and the The University of Oregon have provided assistance in the development of these programs through the Partners of the Americas.

There are at least 25 special schools in Costa Rica, most located in the highlands. The largest special school, the School of Special Education of Guadelupe (San José), provides services for 400 blind, deaf and mentally retarded persons. The school has diagnostic services, and vocational training in carpentry, upholstery, cooking, sewing, tailoring, weaving and mattress-making.

A recent effort has been made to integrate handicapped children into the regular school system in Costa Rica. Special education schools, and special education classes attached to regular schools, have existed only since 1973. Services for the more severely handicapped children depend primarily upon government financing and are still very limited.

The San Juan de Dios Hospital provides rehabilitative services for muscular and skeletal problems including polio complications, paralysis, and burns. The Hospital has a clinic for amputees headed by a team of orthopedists, social workers, physiotherapists and prothesis technicians who evaluate and treat patients. Opthalmological, otolaryngological and neurological services are also available. A shortage of psychologists and psychiatrists reduces administration of I.Q. and personality evaluation tools at the Hospital.

The National Rehabilitation Center, which opened in June of 1976, is one of the most modern in all of Central America, combining some of the best features of rehabilitation hospitals in the United States and Mexico. It has facilities to attend to 300 patients per day with an 80-bed capacity for confined patients. In addition to consultation and treatment, other services include diagnosis, therapies, and the manufacture of orthopedic equipment. There are gymnasium facilities with a hubbard tank, swimming pool, diathermy and electrotherapy, as well as immersion tanks, parafin applications and hydrotherapy. There are plans to centralize all physical, medical, physiotherapy and rehabilitation services in the country through the Center.

Legislation Affecting Disabled Persons:

The National Commission for Rehabilitation and Special Education was created in 1971 through Decree #1968 SPSS. The Commission was replaced in 1973 by the Council for National Rehabilitation and Special Education, which is responsible for planning and policy development in special education, as well as coordinating related efforts of the Ministry of Public Health, the Ministry of Labor, the Social Security System, the Ministry of Education and other public and private institutions.

By law, special education classes may not have a ratio of more than 12 students per teacher. Most special education schools have 40-120 students, one-half of whom are mentally retarded and the other half hearing or speech impaired.

II. PEACE CORPS ROLE IN SPECIAL EDUCATION AND REHABILITATION

The Peace Corps has been working in special education projects in Costa Rica since 1973. Ten volunteers served in the project between 1973-1977. The first, a special assignment volunteer, was assigned to work with deaf students. The Ministry of Public Education has been Peace Corps' host agency for special education and supports the program enthusiastically.

Costa Rica's Special Education and Rehabilitation Program is organized into three main project areas: Physical Therapy and Other Health Specialties (Rehabilitation I), Special Education and Audio-Visual Handicap Prevention.

Rehabilitation I

Peace Corps' rehabilitation project results from a need for human resources at the new National Rehabilitation Center (opened in June, 1976). Peace Corps Volunteers in this project work, in large part, through the National Rehabilitation Center where they are involved in training personnel and providing medical care to patients. Among their goals are the:

- development of a system to determine the incidence of disability and debilitating diseases;
- survey of disabled persons to determine the nature of disabling conditions;
- inventory of resources available to assist disabled persons;
- development of a preventive program and early detection system;
- opening of diagnostic centers;
- encouragement of a team approach and philosophy for an integrated rehabilitation program which considers physical, social, educational, psychological and vocational factors in the overall rehabilitation of the patient; and,
- promotion of employment for disabled persons.

Other volunteer assignments in Rehabilitation I include working at the National Rehabilitation Center's hospital as physical therapists, dieticians, prosthesis design technicians, occupational therapists, rehabilitation nurses and physicians.

Special Education

There were 14 volunteers serving in the special education project in 1979. Most were assigned to work as Special Education Resource Teachers.

Volunteers in this project work in many areas of disability including mental retardation, learning problems, emotional problems and infant stimulation. Working directly with the Department of Special Education, they provide teacher and family training in therapeutic techniques and act as resource persons and consultants in their various assignments. The first volunteers to work in this capacity were three volunteers who had transferred from Peace Corps' physical education project. As a result of their work, the first Special Olympics was held in Costa Rica in 1978.

The following represents some of the accomplishments of volunteers in the special education project:

- assisted in developing Costa Rica's International Special Olympics Games;
- trained over 120 teachers for the mentally retarded, over 80 teachers for learning disabled students, over 30 teachers for the deaf, and over 50 teachers whose students have emotional problems. Volunteers have also been involved in parent training.
- established two Materials Centers for didactic material in San José and Nicoya. The Centers allow for the creation as well as the sharing of materials.
- formed a "taller protegido" (sheltered workshop) for mentally retarded adults, thus aiding their integration into the labor force;
- helped coordinate summer programs for disabled children on vacation;
- created a special resource room with a capacity for 30 slow learners in a banana plantation region. A Costa Rican teacher will be continuing the project after the volunteer leaves.
- established an infant stimulation program for physically handicapped children in Nicoya;
- assisted in the creation of two bilingual kindergartens and trained teachers who will carry on the class;
- contributed to curriculum development in special education classes attached to regular schools;
- developed and integrated a physical education program into the special education curriculum;
- translated many special education materials into Spanish;
- diagnosed learning problems of children in four schools.

Audio-Visual Handicap Prevention

The Audio-Visual Handicap Prevention Project assigns volunteers to work as audio-visual health promoters with health personnel in rural health posts. They are involved in community consciousness-raising about health issues, organize community associations' work toward the prevention of blindness and deafness, and collect data on handicaps for studies. Volunteers also provide periodic lectures on vision and auditory care, parent education for home testing and early stimulation, orientation to teachers on audio-visual examinations, and evaluation of the program for the prevention of blindness and deafness. Additionally, volunteers follow up high risk cases and evaluate the overall program effectiveness of projects dealing with the prevention of blindness and deafness.

III. SUMMARY COMMENTS

Costa Rica clearly has one of the most developed national programs addressing the needs of the disabled of any country in which Peace Corps works. The country has become a training ground for special educators throughout Central and South America and selected placements of highly skilled volunteers can thus make a substantial contribution to special education throughout the Americas. Assignments in vocational development for disabled adults, rural early intervention, and the encouragement of self-help groups of handicapped individuals are appropriate human development assignments for Peace Corps in Costa Rica.

GHANA

Population:	11.7 million (1979 estimate) Ethnic Groups: 44% Akan, 16% Moshi-Dogomba, 13% Ewe, 8% Ga, others Population Density: 119.11/square mile; 31.4% urban (1974)
Area:	92,100 square miles (the size of Illinois and Indiana combined)
Urban Centers:	Accra (Capital), Kumasi, Ho, Koforidua, Sekond/Takoradi, Sunyani, Tamale, Bolgatanga, Cape Coast
Government:	Civilian, elected in September, 1979 after series of military rules since 1966 with brief civilian government between 1969-1972. Independence achieved in 1957.
Economy:	Agriculture Ghana is classified as a "lower-middle income" country with a per capita GNP of $595.
Education:	Mandatory until 12 years of age
Languages:	English (official), Akan, Ewe, Ga, Hausa
PQLI:	41 (1977) Life Expectancy (1975): 41.9 male; 45.1 female Infant Mortality (1977): 156/1000 Literacy Rate (1977): 30%

I. SPECIAL EDUCATION AND REHABILITATION PROFILE

Institutional Infrastructure:

The Ministry of Health, the Ministry of Labor (Social Welfare, Community Development and Cooperatives), and the Ministry of Education and Culture have primary responsibility for servicing and educating disabled persons in Ghana. The Ministry of Labor maintains overall responsibility for the vocational rehabilitation of disabled persons while working with other ministries, Ghana's Employers Association and the Trade Union Congress.

Ghana's Deputy Director for Rehabilitation, J. B. Amoako, has a great deal of interest and involvement in the delivery of services to disabled persons. He has issued a number of position papers on the responsibility of the government to support such programs and the need to integrate disabled persons into community life.

Ghana receives additional support for special education and rehabilitation services from international sources. The World Rehabilitation Fund has assisted Ghana by providing faculty from Rutgers University to assist in special education workshops and seminars on special education and rehabilitation counseling.

Special education/rehabilitation facilities are growing rapidly in Ghana with a focus on vocational training and vocational rehabilitation. Early in the 1960s, the government of Ghana began a comprehensive vocational rehabilitation effort which might well serve as a model for other African nations. The program provides services to over 500 disabled adults per year and is staffed with counselors, vocational instructors and supervisory personnel. Services include physical treatment, mobility skill development, and prothesis design. The programs have succeeded in reaching into rural villages and communities.

The Industrial Rehabilitation Center in Accra offers training in skills such as rug- and bag-making, copy-typing, carpentry, metal work and other trades. The Vocational Training Rehabilitation Center (Biriwa, Cape Coast) offers skill training in construction, metal work and wood carving, with emphasis on rural and self-employment. Rural rehabilitation training centers are located throughout Ghana offering training in home crafts production (dress-making, kinte cloth weaving and dyeing, farming, poultry production, shoe-making and tailoring).

Many other facilities are located in the capital city of Accra for mentally retarded children, blind children and deaf children. There is also a teacher training center and YMCA trade training center.

The Society of Friends of Mentally Retarded Children, founded in 1965, operates through two branches in Accra and Kumasi. The Society maintains a counseling service, physicians and social workers. In 1969, the Society opened a day nursery at the Accra Community Center —the first educational program for the retarded in the country. The

Society of Friends also constructed a residential home for mentally retarded children which provides recreational activities.

II. PEACE CORPS ROLE IN SPECIAL EDUCATION AND REHABILITATION

Between 1977-1979, four Peace Corps Volunteers held special education assignments in Accra, working both at the New Horizon School for the Mentally Retarded and at the Home and School for Mentally Retarded Children.

- Two volunteers (a speech therapist and a special education teacher) worked at the the Home and School for Mentally Retarded Chidren, a government-sponsored organization operating through the Society of Friends of the Mentally Retarded. The Home provides educational opportunities for 100 children (approximately 60 boys and 40 girls), representing all levels of retardation and mental illness. The volunteers found that the staff of approximately 20 teachers did not have any special training to work with exceptional children. Although the volunteers gave in-service training, the training component was limited without counterpart involvement.

  As a secondary activity, the volunteers initiated a Special Olympics program in Accra. Responsibilities involved training teachers as coaches and providing instruction in physical education. The students competed among themselves and with the New Horizon School and were taken to the stadium to participate in national games. Teachers, families and community members were surprised, excited and impressed by the capabilities demonstrated by the retarded children through the Special Olympics activities. Students gained a new sense of accomplishment and the community discovered a new pride. The volunteers believe that the Special Olympics program was a great success.

- The other two volunteers were assigned to work at the New Horizon School. The School is a parent-run, private agency opened ten years ago.

  Shortly after they began their service, however, difficulties arose with the school administration whose expectations of the volunteers resulted in misunderstandings. For example, the volunteers were assigned to work with older children and it appeared to the supervisor that the younger children were learning more and improving at a faster rate. The supervisor construed the situation to be a failure on the part of the volunteers. One volunteer encountered problems with her immediate supervisor as well as parents who believed her to be too young and inexperienced to handle the job. At the end of the school year both volunteers, as well as the Ghanaian principal, were dismissed.

  At this point one volunteer transferred to Kenya while the other, a speech therapist, remained in Ghana to work at the Assessment and Resource Center. The volunteer who remained introduced testing instruments and provided outreach assessment services. She also designed a program for speech assessment which continues to be used as a diagnostic tool at the Center.

Working in Ghana, volunteers found that some host country nationals were unfamiliar with the causes of disability, commonly attributing its existence to supernatural occurrences. Often parents would bring their children to the Resource and Assessment Center to request that the effects of a curse be reversed.

Some of the beliefs prevalent about disability include: contact with handicapped children can cause a woman to bear a handicapped child; if a pregnant woman eats seafood (especially crab or lobster), she will bear a handicapped child; and, when the spirit of a dead person invades the living, loss of speech or sight may occur. Such beliefs are common throughout the world and present a formidable barrier to changing attitudes and behavior.

III. SUMMARY COMMENTS

The work of Peace Corps Volunteers in Ghana in rehabilitation and special education appears to be moderately successful. Although many difficulties were experienced by previous volunteers, it is apparent that Ghana has made extraordinary efforts to provide for the needs of disabled persons.

JAMAICA

Population: 2.2 million (1979 estimate)
Ethnic Groups: Over 90% of the population is African and mixed. Three-quarters live in rural areas.

Area: 4,232 square miles (slightly smaller than Connecticut)

Urban Centers: Kingston (Capital), Montego Bay

Government: Constitutional monarchy; independent since 1962

Economy: Agriculture, tourism. Discovery of bauxite has contributed to greater industrialization.
Jamaica is classified as an "upper-middle income" country with a per capita GNP of $1,037.

Education: 63% of children 5-19 years old are enrolled in school

Languages: English, Jamaican Creole

PQLI: 87 (1977)
Life Expectancy (1970): 68.8 years
Infant Mortality (1976): 20.4/1000
Literacy Rate (1977): 86%

I. SPECIAL EDUCATION AND REHABILITATION PROFILE

Institutional Infrastructure:

Government agencies with responsibility for disabled persons include the Ministry of Education and the Ministry of Social Security. However, services rendered to disabled persons are carried out primarily in the private sector.

Efforts to plan special education programs in Jamaica have been supported by the following events: a Caribbean Regional Workshop in 1976 led to a 5-year plan for special education; a workshop on residential services for handicapped persons was held in 1977; and, a five-year plan has been designed for vocational education.

The Jamaica Council for the Handicapped is a governmental advisory body serving the Ministry of Health and Environmental Control, the Ministry of Youth and Community Development, and the Ministry of Local Government. The Council was responsible for initiating a vocational rehabilitation program in 1974. This program currently operates an assessment and guidance center which services physically handicapped persons aged 6-18 at the rate of 50 at a time, after a three month assessment period. The Council also maintains a training center for approximately 30 disabled persons and four production workshops for the total client population of 60. Another component of the vocational training unit is a horticulture project in which Peace Corps Volunteers have been involved in construction and materials gathering.

The Jamaica Association for Mentally Handicapped Children (JAMHC) is a voluntary organization providing services primarily to mentally retarded persons. The JAMHC was founded in 1956 and provides a number of important services to retarded children in a variety of settings. Diagnostic and counseling services are available through the JAMHC, in collaboration with the Council for the Handicapped and the University Hospital of the West Indies. The Lopez Home, a residential home run by the JAMHC, currently provides residential services for approximately 55 mentally retarded children. The JAMHC is planning to deinstitutionalize the Lopez Home.

The Mona Rehabilitation Center was opened 25 years ago as a result of an outbreak of poliomyelitis which created a large number of disabilities. It is now a major medical rehabilitation facility with excellent professional staff.

An Early Stimulation Program operated by the Caribbean Institute of Mental Retardation provides home-based services to handicapped children and their mothers.

The School of Hope, Jamaica's principal facility to educate retarded persons, is located in Papine, on the outskirts of Kingston. The School operates a pre-vocational unit, a developmental center (dealing with mentally handicapped students in regular schools) and has two workshops attached to the school (and a third located elsewhere in Kingston). There are approximately 160 students between the ages of 7-18 attending the school. Classes are organized for educable retarded students, slow learners and trainable retarded students. Students sell the products they craft by hand in the workshops.

A School for the Blind, opened in 1928, has graduated nearly ninety percent of Jamaica's blind. The school currently has 13 classrooms, a domestic science room, a music and audio room, and houses approximately 70 boys and 50 girls.

Teacher training in special education has been offered in Jamaica since 1976 at the Mico Teacher Training College. The program is partially staffed by Peace Corps Volunteers. In 1978 a diagnostic center for learning problems was established at the College. Short term in-service training is provided by the Caribbean Institute and the School of Hope with assistance from the Partners of the Americas.

II. PEACE CORPS ROLE IN SPECIAL EDUCATION AND REHABILITATION

Special education and rehabilitation volunteers have been involved in health, educational and social service aspects of special education and rehabilitation in Jamaica. Approximately 15 special education volunteers were working in Jamaica between 1977-1979. Eight volunteers had guidance and counseling assignments in which they ran workshop sessions and conducted surveys in health and nutrition.

The Peace Corps collaborates with Jamaican special education programs primarily through the Jamaica Council for the Handicapped. The Council has initiated a number of projects which have involved Peace Corps Volunteers. For example, an innovative early stimulation project was begun in Kingston in 1975 addressing behavior management of children. Peace Corps Volunteers work as part of a team with a target client group between the ages of 1-15. The early stimulation project also involves parent intervention in the education of pre-school children.

The Peace Corps has also worked extensively with the Jamaica Association for Mentally Handicapped Children.

In recent years two project areas have emerged as dominant in addressing the needs of disabled persons in Jamaica: Vocational Rehabilitation and Special Education Teacher Training.

Vocational Rehabilitation

The growing concern for providing vocational rehabilitation services in Jamaica is due in large part to a social/political situation which has created critical unemployment, particularly in Kingston. Rural migration to Kingston has resulted in large pockets of poverty in the city. Central Village, a community of 7,000, grew up in the early 1970s as a result of an overflow of people into the poverty region of West Kingston. Unemployment in this particular region is as high as 70% and overpopulation a major problem.

- Peace Corps' vocational rehabilitation effort began when volunteers were requested by the Council for the Handicapped to expand design and commercial skills in a pilot project located in Kingston. In 1978 the project was staffed with four volunteers, two of whom dropped out in the first year of service. The volunteers who remained have worked directly with parents of disabled children teaching the development of cognitive and motor skills. The volunteers also worked directly with clients, giving screening and evaluation tests and demonstrating such techniques to Jamaican counterparts.

Peace Corps/Jamaica requested volunteers in vocational rehabilitation in some of the following job assignments: a special education work/study coordinator to work at the School of Hope in pre-vocational instruction; a psychological rehabilitation counselor to work at the Assessment and Guidance Center; a business educator to work at the Training Center for the Handicapped; a horticulturist/florist for the Vocational Training Center for the Handicapped; an industrial artist to design an experimental workshop; and an occupational therapist to work at the Mona Rehabilitation Center.

Teacher Training in Special Education

Insufficient numbers of well-trained teachers has limited Jamaica's ability to provide adequate services and meet the educational needs of disabled persons. Teacher training projects have addressed this problem directly through in-service training. The transfer of teaching skills and methodologies to teacher aides, youth corps workers, guidance counselors, agricultural education instructors and special education teachers has been a major priority.

- Twenty-three Peace Corps Volunteers were working on this project in 1979 in some of the following assignments: special education teacher trainer; special education teacher; behavioral scientist to work with a team on the early stimulation project; special education pre-school teacher for the early stimulation project; speech therapist in a special facility; early childhood education teacher trainer; teacher trainer/mobility instructor; and teacher trainer/special education teacher.

- One Peace Corps Volunteer worked at the Brown's Town Primary School approximately 70 miles outside of Kingston. A special education class had been organized at the school by a previous volunteer and during her assignment she organized a second class made up of approximately 30 children. The children were taken out of the regular class on the recommendation of the teacher and a few children were brought to the school when the volunteer learned that parents were keeping their exceptional children at home. Parents of handicapped children were, in general, unaware of their children's potential or the precise nature of their problems. The volunteer estimates that although the majority were educable, one-third of the children in the class had severe physical or emotional problems. The volunteer was in frequent contact with other teachers to obtain the names of students for the class. She developed a screening device to assist in the detection of slow and problem children which is still in use.

When the volunteer left the country in 1979, two Jamaicans who had trained at Mico Teachers College took over both classes.

- Peace Corps/Jamaica is developing an Advisory Committee which will determine Peace Corps' involvement in the International Year of Disabled Persons in Jamaica.

III. SUMMARY COMMENTS

In general, Peace Corps programming in special education and rehabilitation in Jamaica has been quite successful. Exceptions to this have generally been those assignments in Kingston where skill requirements are more demanding and daily life more turbulent. However, many volunteers have served in the capital city and their work has left lasting contributions. Jamaica has numerous kinds of institutions, agencies, and organizations attending to the needs of disabled persons but each of them has to struggle to survive. Peace Corps workers have helped expand services, train counterpart staff and create new program opportunities.

Due to a rapidly expanding infrastructure, the authors believe that Jamaica represents one of the most appropriate kinds of settings for Peace Corps work in special education and rehabilitation.

PHILIPPINES

Population:	47.6 million (1979 estimate), 55% of whom are children and youth Ethnic Groups: 58% Mestizo, 20% Caucasian, 14% Mulatto, 4% Negro and 1% Indian Population Density: 400.151/square mile; 31.8% urban (1970)
Area:	115,707 square miles (7+ islands), slightly larger than Arizona
Urban Centers:	Manila (Capital), Cebu, Davao
Government:	Parliamentary Republic; independent since July 4, 1946; constitution adopted in 1973
Economy:	Agriculture The Philippines is classified as a "lower-middle income" country with a per capita GNP of $342.
Education:	40% of children attend school
Languages:	Tagalog, English, Cebuano, Illocano
PQLI:	72 (1977); The 1970 PQLI for males was 71, compared to 74 for females. Life Expectancy (1975): 56.9 male; 60.0 female Infant Mortality (1975): 47.6/1000 Literacy Rate (1977): 85%

I. SPECIAL EDUCATION AND REHABILITATION PROFILE

Disability in the Philippines:

There are approximately 4 million disabled persons in the Philippines including between 100,000-250,000 deaf children and 60,000 persons with cerebral palsy.

Deaf and Hearing-Impaired Persons: In 1974, a group of parents and educators of the deaf formed the Southeast Asian Institute for the Deaf, Inc. (SAID) to provide education for deaf persons and establish a model school introducing the total communication method. (Deaf education in the Philippines has traditionally used oral methods of communication rather than signing.) The Institute has been staffed heavily by Peace Corps Volunteers.

Approximately 10% of all deaf children receive an opportunity for education in the Philippines.

Physical Disability: There are approximately 60,000 victims of cerebral palsy in the Philippines. Only 10% of this number are accommodated by the Elks Project, which constitutes the sole effort to directly address the rehabilitation of patients with cerebral palsy.

Visually-Impaired Persons: There are approximately 1 million visually-impaired Filipinos, the majority of whom are unemployed and unproductive. There is a 2.13% rate of blindness, 50% of which is considered preventable, 40% remedial. Causes of visual impairment are usually associated with poor eye health habits, delayed consultation and self-medication. A mass education campaign in the Manila area has been aimed toward prevention.

Institutional Infrastructure:

A wide network of special education and rehabilitation schools and facilities exists in the Philippines, concentrated primarily in Manila.

The Ministry of Social Services and Development, Bureau of Child and Youth Welfare, is largely responsible for services to disabled persons. The Bureau operates a residential and day school for mentally retarded children (the Elsie Gaches Village in Rizal), and the Reception and Study Center for children and youth in Quezon City. The Elsie Gaches residential village for children and adolescents conducts training and rehabilitation for severely and profoundly retarded children between the ages of 4-21. The program includes sheltered workshops for residents and non-residents.

Other major facilities serving handicapped persons include the following:

- The Foundation for the Rehabilitation of the Retarded, a church-sponsored organization founded in 1973, works with severely retarded persons (Manila).
- The Elks Cerebral Palsy Clinic (Rizal) attends to physically handicapped and retarded children.

- The Bureau of Public Schools offers special education classes to educable retarded children. In 1973, 150 such classes were attached to the regular school system. Among other services, the Bureau offers scholarships to the University of the Philippines' College of Education, Department of Special Education, for training in special education. Two programs are offered: a one-year certificate of proficiency in teaching the mildly retarded and a Master's level certificate. Both programs include a survey of all disability groups and include practical classroom work. Short-term programs are available for teachers without a bachelor's degree.
- Six special schools for severely retarded children, as well as blind and hearing-impaired children, are run by voluntary agencies (Manila).
- VIDERE (Latin "to see"), a non-profit agency for the welfare of blind persons, provides services for the blind.

There is a crucial need for trained and competent special education and rehabilitation personnel in the Philippines. The expansion of clinical training at the University of the Philippines School of Allied Medical Professions (UPSAMP) is one means of providing such personnel. There are only 200 registered physical therapists in the country and only eight facilities where physical therapy is practiced. Of the 148 hospitals in the Philippines, only 28 have physical therapy departments.

The needs of disabled persons are most acute in rural areas. The Mt. Province Paraplegic Association is based in a fairly remote mountainous region on Philippines' main island. One-half of the clients at the Association are victims of polio. Other disabilities include lost limbs from mine accidents, deafness, mentally retardation, blindness and visual impairments. The Association requests the assistance of Peace Corps Volunteers, particularly physical and occupational therapists. The Association also seeks assistance from the Peace Corps Partnership Program in building a workshop, clinic and office area. The Association would normally be interested in the recruitment of disabled volunteers but believes that the difficulties of living in the mountains would be too much of a hardship.

II. PEACE CORPS ROLE IN SPECIAL EDUCATION AND REHABILITATION

Special education/rehabilitation projects in the Philippines fall into three project categories: Education of Blind Persons, Rehabilitation, and Education of Deaf Persons.

Education of Blind Persons

- Volunteers in this project work as program advisors at the VIDERE Institute for the Blind, planning activities which will enhance the public and private image of blind persons and promote job opportunities. There were five volunteers involved in this project in 1979.

  Volunteers in this project are required to have a B.S. in special education and experience in vision screening.

Rehabilitation

- Volunteers work for the Mt. Province Paraplegic Association as program advisors, conducting needs assessment studies and promoting public awareness of issues relating to disability.

- Volunteers also work at the Elks Cerebral Palsy Project, assisting staff in the evaluation of patients, home training for parent and community groups, and clinical and in-service training for staff. Other volunteers work to improve rehabilitation techniques at the Center, expanding services to cerebral palsied children. Volunteers have provided physical therapy using shelps and bobath techniques. Volunteers have also worked through the occupational therapy department at the Elks Center, evaluating and researching the causes of speech defects in children with cerebral palsy.

- Other rehabilitation volunteers have worked at the University of the Philippines School of Allied Medical Professions (UPSAMP) to provide training and generate interest in rehabilitation services in physical therapy.

Deaf Education Project

The Peace Corps has been working in the field of deaf education in the Philippines since 1974, concentrating its efforts in the urban area of Manila, through the Southeast Asian Institute for the Deaf (SAID). Early volunteers introduced the total communication approach to pre-school and elementary school-aged deaf children. Specific accomplishments of their work include classroom expansion (from one pre-school class to grade IV); teacher training and parent orientation; and publication of the first signed English dictionary in the Philippines, co-authored by Peace Corps and SAID.

While deaf volunteers have been active in the project, they have come to the Philippines in isolated, small groups without any special pre-service or in-service training. Typically, they would receive training from the school they were assigned to, in addition to Peace Corps' training for all trainees. This situation created serious communication gaps between the deaf volunteers and the Peace Corps main office, host country nationals and other volunteers. However, the volunteers proved to be effective teachers and excellent role models for deaf persons in the Philippines and the Peace Corps was intrigued with ways to improve the program.

In June of 1980, the deaf education project launched an effort which has utilized a unique approach to recruitment, training and service delivery with a group of deaf and hearing-impaired volunteers. This effort represents a pioneer approach to expanding the range of techniques to include "total communication," using both oral and manual methods.

The notion of using specially trained deaf and hearing-impaired volunteers assigned to the rural areas of the Philippines came originally from Ms. Frances Parsons of Gallaudet College and Mike Dix, program manager in the Philippines. Velma Linford, a former Washington staff member in the Office of Recruitment, and Bob Wilson, a former Desk Officer for the Philippines, also provided significant input in the development of this project.

Recruitment: Special recruitment for this project was handled through Gallaudet College, the only liberal arts college in the world for deaf students.

Materials developed specifically for the project included recruitment posters, a 30-minute spot on Gallaudet College television and the dissemination of news releases to various publications circulated in the deaf community. Persons in daily contact with the deaf applicants (school staff) were a vital part of the selection of trainees. Applications were reviewed on an individual basis with an emphasis on general skills. A mix of hearing and deaf trainees was accepted (ten deaf and five hearing).

Pre-service: Pre-service activities taking place in the United States included: sending information on the Philippines and deafness to trainees; an eight-week pre-service orientation and training conducted at Gallaudet College; and staging on the West Coast prior to departure. The eight-week training session involved workshop activities and conferences which highlighted such issues as "Attitudes, Communication and Leadership" and "How to Assess Needs in the Deaf Community".

Training: Four weeks of in-country training was provided for the deaf services volunteers. An interesting dynamic of the training session was the emergence of three factions: those persons who were deaf from birth, those who lost their hearing in childhood, and the hearing. Such divisions appeared to determine social relationships in the training session.

When the volunteers arrived in the Philippines, they conducted workshops to communicate difficulties they had encountered in training. They also began teaching sign to volunteers and staff.

These volunteers have been at their sites since November of 1980. Some of their planned responsibilities include: the design and dissemination of surveys, promotion of community awareness of deafness, organization of parent groups, and initiation of income-generating activities for deaf persons. As the Philippines does not presently have sufficient resources to train teachers of the deaf, volunteer activity in this field is particularly important.

To date, there have been two terminations of deaf services volunteers, both for medical reasons unrelated to their deafness.

Peace Corps/Philippines staff envision deaf volunteers working in the future in a variety of programs including health, agriculture and nutrition along with hearing volunteers and Filipino counterparts.

III. SUMMARY COMMENTS

The reviewers believe that Peace Corps' work with disabled persons in the Philippines has been largely successful. The deaf education project is a remarkable experiment in international technical assistance, however it still faces substantial hurdles to expanding total communication methods in place of the oral communication methods traditionally used in deaf education.

Staff persons are currently reviewing the training component of this initial effort to identify and improve any of the weaknesses of the first effort.

SEYCHELLES

Population:	64,000 (1979 estimate) Ethnic Groups: mixture of Asians, Africans and Europeans Population Density: 350.88/square mile; 26.1% urban (1971)
Area:	171 square miles (92 islands) Ninety percent of the population lives on the island of Mahe.
Urban Centers:	Victoria (Capital—population: 15,500)
Government:	Republic, with new constitution under preparation
Economy:	Agriculture, fishing, tourism
Education:	Ninety-five percent of primary school-aged children attend school.
Language:	English and French (Official), Creole
PQLI:	72 (1972) Life Expectancy (1972): 61.9 male; 68.0 female Infant Mortality (1977): 43/1000 Literacy Rate (1976): 60% adult, 75% school-aged children

I. SPECIAL EDUCATION AND REHABILITATION PROFILE

Disability in the Seychelles:

The incidence and prevalence of disability among children in the Seychelles are thoroughly documented in a report entitled Nou Bane Zanfans: Children of the Seychelles, prepared as a result of a project directed by two Peace Corps Volunteers for the 1979 International Year of the Child.

The project surveyed virtually all of the 24,500 children residing on the main island of the Seychelles. The following data are taken directly from the report:

5% of all children have physical impairments (1,100)
8% are in poor general health (2,000)
17% of those aged 1-4 are malnourished (1,100)

The following disability distribution was reported:

Visual Impairment	22%
Hearing Impairment	14%
Speech Impairment	14%
Epilepsy	13%
Asthma	11%
Severe and Multiple Disabilities	11%

Of children who are not attending school, 36% of those surveyed gave "handicapped" as the reason. Twenty-one percent of all disabled children surveyed did not attend school (N:1,100). Many with slight or non-apparent disabilities leave school because of a lack of special services available to them.

Institutional Infrastructure:

Although in the past there have been few resources specifically addressing the needs of disabled persons in the Seychelles, a wide variety of new programs, facilities, and efforts are being developed at this time. For example, an "At Risk Register" was developed to begin identifying handicapped and disadvantaged children for the purpose of bringing available resources to their assistance. The report cited above, Children of the Seychelles, contains many details on the distribution of handicapping conditions and could serve as a valuable document for future planning.

The Seychelles Children's Society was formed by the Seychellois in 1970. It is funded by private donations, fund-raising activities and moderate government support. The Society provides the following services: Day Care Centers for pre-school children, a Family Advice Center, a 'Save the Children' fund, and, a school for the handicapped.

The School for the Exceptional Child, created by a Peace Corps Volunteer, has been operating for several years and a Rehabilitation Centre is now under construction. The Seychelles Children's Society is the prime supporter of all these efforts.

The North East Point project currently plans to provide services in a Home for Handicapped Children next to the Handicapped Centre. There are plans to erect 30 houses for handicapped adults as well. Christoffel Blinden Mission is considering partial aid to the project, whose services will extend to blind persons as well as those with other impairments.

A Cheshire Home for orthopedically handicapped persons was built and is directed by a South African occupational therapist who emigrated to the Seychelles.

The Teacher's Training College now offers specialized courses in special education and several Seychellois citizens have received advanced training in England and France. The immediate future will likely see many advances in services to disabled children and adults.

II. PEACE CORPS ROLE IN SPECIAL EDUCATION AND REHABILITATION

The Peace Corps has had only a few specialized volunteers in special education and rehabilitation in the Seychelles. The focus here will be primarily on the activities of those volunteers, who have helped create changes in an area that was apparently ready for such change.

Prior to the arrival in 1975 of two Peace Corps Volunteers (an occupational therapist and a special educator), special education programs were still in the initial stages of development in the Seychelles. The Seychelles Children's Society originally requested special education volunteers through the Ministry of Education in the mid-1970s. The two volunteers assigned to this project were among the first ten volunteers in the Seychelles. Peace Corps Volunteers preceeding them had worked in agriculture, physical education and other assignments specifically matched to skills. Until recently, all Peace Corps Volunteers in the Seychelles worked under the Peace Corps/Kenya Director with only minimal supervision or staff support. The volunteers viewed this physical distance in a positive way, as it allowed them to develop their programs and solve their problems independently.

When the two volunteers began their project, they were given a list of 99 disabled children and asked to create a program. The local Save the Children Federation, described as having an excellent program, donated a trailer on its grounds for the volunteers' use. In coordination with the Seychelles' Children's Society, the volunteers began to plan the project. At the onset of their assignment, the special educator initiated classes for deaf children while the occupational therapist isolated cases where children needed medical attention. The range of their activities broadened to include some of the following:

- Parent and Teacher Training: In their first months of work, the two volunteers went on home visits, talked to parents, and diagnosed special problems of children. They were also asked to give classes at the Teacher's College on issues relating to children with special needs. Their reception at the College was enthusiastic, with students often traveling long distances to attend the daily classes.

- Medical Networking for Surgery: The volunteers developed contacts with doctors and raised funds in order to make surgery possible for children in need. Many successful surgeries were performed. For example, a boy with a spinal cord tumor went to Kenya to be helped by the "Flying Doctors"; a girl with an enlarged tongue received follow-up surgery in Kenya; and a child with a pituitary tumor also traveled to Africa for medical attention. Volunteers made contact with heart surgeon Marius Barnard who went to the Seychelles and performed heart surgery on the children at no charge.

- Sheltered Workshops: After the Rotary Club of the Seychelles built a sheltered workshop for handicapped persons with funds that the Peace Corps helped to raise, the volunteers became involved in crafts production. The workshop was built with a store front where hand-crafted products were sold. A schedule was developed whereby the children would receive special education classes part of the day with one volunteer, and then attend the sheltered workshop to work with the other volunteer, improving such skills as bamboo-craft production and sewing. The children received modest payment for the products sold. As the number of children participating in the workshop increased, the occupational therapist reports that she felt like the "Pied Piper".

  Until this point, the volunteers were working under the Department of Education. When they moved to this new building, they were transferred to the Cooperatives Society, an agency of the Department of Agriculture. This move was viewed by the volunteers as appropriate because they now had a shop and needed marketing experience.

- Counterpart Training: The volunteers trained a local 18 year-old hearing-impaired artist to direct the workshop. The youth specialized in batiques and was taken on as an apprentice. Many local volunteers were involved in the efforts, several of them disabled. According to the former Peace Corps Volunteers, the counterpart training arrangements were excellent and when they terminated their services, numerous new activities were left in the hands of capable Seychellois who have continued to develop the programs.

- Special Olympics: The volunteers also developed a Special Olympics program for mentally retarded children with assistance from Eunice Kennedy Shriver and the Joseph P. Kennedy Jr. Foundation.

The occupational therapist left the Seychelles in 1976 and the special educator stayed on until 1978. A revolution in 1977 created changes in the government, but efforts in special education are receiving support and attention from the new government. There are currently two volunteers working in special education assignments in the Seychelles, one as a sports coordinator for a Rehabilitation Centre (the national coordinating institution for the handicapped), and the other as an occupational therapist at the Les Cannels Psychiatric Hospital.

Peace Corps/Seychelles is interested in participating in activities planned for the 1981 International Year of Disabled Persons. Current volunteers have been working informally with disabled persons after school and on weekends preparing activities for the IYDP.

III. SUMMARY COMMENTS

The Seychelles experience in special education and rehabilitation has been successful and unique. The appropriateness of the "fit" of Peace Corps resources to host country expressed needs stands out as the major determinant of this success in our view. A small number of volunteers have apparently helped transform limited available services and opportunities for disabled persons into a dynamic and thriving range of new programs and resources in only five years. The small size of the island and the readiness of the people of the country to develop new resources had much to do with this success, but it is still evident that a small group of Peace Corps workers dramatically accelerated this process of change.

Critical Factors Influencing the Effectiveness of Peace Corps' Efforts in Special Education and Rehabilitation

Introduction

In reviewing the performance of Peace Corps Volunteers in activities that affect the lives of disabled persons, the authors of this report identified a number of critical factors influencing the effectiveness of individual assignments, small projects, and country programs. The reader should note that these are not the only factors influencing effectiveness, but rather those which, in our judgment, seem to contribute most substantially to the success or failure of an activity.

The factors are organized in a manner consistent with the natural sequence of all Peace Corps activities. The major headings chosen are Programming Factors, Recruitment Factors, Training Factors, Support Factors and Post Service Factors.

Each factor is briefly discussed and, in some cases, an example of how the factor enhanced or hindered an activity is provided. Whenever possible, recommendations are made regarding ways to avoid specific problems or ways to remediate the effects of a negative situation.

It must be emphasized that the factors continuously interact in the real world where volunteers work. It is rare to identify a single factor which appears to be the only cause of success or failure of an assignment.

In the final analysis, it appears that the personal characteristics of Peace Corps Volunteers and staff are the major determinants of effectiveness. There is no substitute for a Peace Corps Volunteer with the qualities of personal maturity, practical skills, good interpersonal abilities, adaptability, and a respect and affection for his or her host community. Such volunteers are usually personally effective, whatever the assignment, but other critical factors will certainly expand or limit their potential. How the Peace Corps staff attends to these critical factors will affect, in some measure, the achievements of all volunteers.

The authors hope that Peace Corps staff will find the following discussion of Critical Factors useful in future Peace Corps efforts. While this list was derived from looking primarily at rehabilitation and special education assignments, some factors will apply to other program areas as well.

Critical Factors Influencing the Effectiveness of Peace Corps' Efforts in Special Education and Rehabilitation

1.0 Programming Factors

- 1.1 Peace Corps Staff Awareness of Disability-Related Programming
- 1.2 Host Country Participation in Programming Decisions
- 1.3 Inter-Agency Dynamics
- 1.4 Realistic Problem Definition, Needs Assessment, and Project Goal Setting
- 1.5 Political and Social Climate

2.0 Recruitment Factors

- 2.1 Personal Characteristics of Volunteers
- 2.2 Recruitment Resource Utilization
- 2.3 Professional Specialties, Skills and Experiences
- 2.4 Volunteers with Disabilities
- 2.5 Time Period Between Programming and Recruiting

3.0 Training Factors

- 3.1 Understanding Organizational Structures and Customs
- 3.2 Volunteer Expectations
- 3.3 Special Technical Training

4.0 Support Factors

- 4.1 Staff Support and Expectations
- 4.2 Host Agency Support and Expectations
- 4.3 Community Support and Expectations
- 4.4 Volunteer Support
- 4.5 International Support

5.0 Post-Service Factors

- 5.1 Networking Returned Volunteers
- 5.2 Extending Collaboration with Other Organizations and Agencies
- 5.3 Evaluation of Assignments and Projects

1.0 Programming Factors

As the Peace Corps has developed and matured over the years, the agency has naturally evolved more sophisticated ways of carrying out its missions. In earlier years, Peace Corps assignments were made on an "order-taking" basis. Host country leaders gave Peace Corps staff members a shopping list of personnel needs, and the Peace Corps recruited the volunteers with those skills. The process was primarily a reactive one on the part of Peace Corps staff. In the latter half of the 1970s, Peace Corps began a more proactive process of programming volunteer assignments, special project areas, and comprehensive country programs. In other words, Peace Corps sharpened the focus of its activities and created more systematic planning efforts.

The Peace Corps defines programming as an interactive process carried out by representatives of the Peace Corps and representatives of the host country in order to conceptualize and plan Peace Corps projects and individual volunteer assignments. The host country representatives may include government agency personnel, private sector personnel, and in some cases, the citizens whose lives may be affected by the activity. On the Peace Corps side, programming is the responsibility of the country director and associate directors, with some assistance and involvement of Peace Corps staff in Washington. Selected Peace Corps Volunteers may also be significantly involved in the programming efforts, but this is seldom their major responsibility.

In the special education and rehabilitation field, it appears that some of the earlier volunteer activity came about as a result of the "non-matrixed spouse" assignments. This term was formerly used by the Peace Corps to describe the spouse of a person recruited as the primary volunteer. For example, if a married man was selected as a Peace Corps agronomist and sent to Colombia, the Peace Corps might find a job for his wife in the local school for retarded children as a "non-matrixed spouse". These positions were initially developed as a kind of "make work" and few people were concerned about the significance of the assignments. Such placements, however, were often quite successful and highly valued by the host agencies and citizens of the community. As a result, the Peace Corps staff in many countries began to develop more systematic projects in special education and rehabilitation. By 1981 many of these had grown into sizeable program areas.

At this time, most of the programming in special education and rehabilitation appears to be quite deliberate and the majority of Peace Corps countries have at least a few assignments and projects dealing with disabled persons. Those countries which have the most extensive and successful programming are the ones in which Peace Corps staff have taken an active role in the systematic planning of projects and programs. Colombia, for example, has had a five-year plan in special education and rehabilitation. Within that plan there have been several projects, each with a sizeable number of volunteers and each enjoying varying degrees of success. The Philippines also has a large program with several different project areas. One of the most interesting is a deaf education project which is using specially trained volunteers, most of whom are themselves deaf. This is an extraordinary and commendable experiment in Peace Corps programming and it demonstrates the extensive latitude and responsibility of Peace Corps staff.

1.1 Peace Corps Staff Awareness of Disability-Related Programming

Critical Factor: The level of knowledge and awareness of Peace Corps staff about sound developmental principles for disability-related programming

Disability-related programming has had remarkably varied degrees of interest and support from Peace Corps staff. During the period when Peace Corps was struggling to define criteria for a basic human needs policy, such programming had a very ambiguous status. Country directors and associate directors are often not very knowledgeable about disability and it is not surprising that they often see projects to train the handicapped to be "less developmental" than agriculture or small industry development.

While it is true that much work with the handicapped is only simple charity, there is also the potential to apply sound human development and economic development principles to improve the quality of life of the disabled and to prevent the occurrence of disabling conditions. It is important to recognize that there are useful models for the systematic improvement of opportunities and services to disabled citizens which Peace Corps should utilize early in its programming efforts.

Considerations, Suggestions, and Recommendations:

- Peace Corps should prepare a basic orientation package of materials about disability-related programming for in-country staff;
- Peace Corps should develop a strategy by which each new country director receives an orientation to disability-related programming;
- APCDs in countries which have especially active disability-related programming (Class IV Programming) should be encouraged to write brief papers about their programming experiences to be circulated widely to other APCDs;
- Peace Corps should hold regional staff training courses on disability-related programming using such materials as the new WHO manuals on community rehabilitation as a starting point.

1.2 Host Country Participation in Programming Decisions

Critical Factor: Identifying the most appropriate host country persons to collaborate with Peace Corps staff to plan disability-related programs

Peace Corps staff have an especially difficult task in identifying and gaining the cooperation of host country leaders to conceptualize and plan Peace Corps projects. In special education and rehabilitation, it is unusual to find high-level government personnel in the Ministry of Education or Ministry of Health who have a broad knowledge of disability and a strong sense of future direction. The most knowledgeable leaders in special education and rehabilitation are generally found in the individual organizations and agencies serving the disabled. The key leaders of these agencies and organizations are often very well educated, widely traveled and articulate. Many of them have received training outside their own countries and have returned home to confront the critical problems of disability. The Peace Corps staff may find that deciding who to talk to will be the first critical programming decision to be made.

Individual leaders or program directors may sometimes try to "corner the market" on Peace Corps Volunteers, so it is important that Peace Corps staff solicit a broad range of opinion before engaging in detailed program planning with a few people. Most international organizations dealing with disability find the problem of knowing where to cast one's fate, in terms of deciding who to work with on a project, is the single most important decision they make.

A typical developing country in Latin America, for example, may have an infrastructure of programs and agencies resembling the following. Within the government, the Ministry of Health has hospitals or other acute care facilities to deal with the medical aspects of rehabilitation caused by disabilities resulting from automobile accidents, industrial injuries, perinatal problems, and diseases. These medical programs typically have a great need for physical therapists, occupational therapists, rehabilitation nurses, and other health-related specialists to assist with acute care problems. There may also be a small-sized public health sector providing immunizations, maternal and child care programs, and campaigns to improve hygiene and sanitation. These efforts serve to prevent disability but are rarely very comprehensive.

In the educational sector, there may be a small office in the Ministry of Education to deal with special education needs. The higher the physical quality of life index (PQLI), the more likely a country is to have a governmental commitment to special education. In general, government efforts in special education are preceded by private sector programs. The oldest programs for the disabled typically originated through church-related charity organizations. The Salvation Army may operate a school for the blind and an order of nuns, a school for the deaf. Other civic groups such as a Rotary Club may sponsor a vocational workshop for retarded boys. In the past twenty years or so, many parent groups or sometimes a wealthy individual with a handicapped child have started schools or workshops for some disability group such as children with behavior disorders. Since there are not likely to be many professional training opportunities in-country (except for physicians), the key staff of all these programs have usually received training in other countries. There may also be one or two small private, profit-making schools for the "problem children" of wealthier families. In summary, a new Peace Corps staff member will see a wide range of disconnected efforts to help specific disabled groups and wonder where, in such an infrastructure, the Peace Corps could make an appropriate contribution.

The above programs probably reach less than 5-10 percent of the population in need of specialized services due to disability. Among the people concerned with disability in this hypothetical country, there are usually a handful who have a broad awareness of the scope of disability and who also have a sense of direction about appropriate future trends to develop services and opportunities. Peace Corps programmers must seek to identify those people who have the best grasp on the problems of disability to participate in the planning process.

Effective counterpart training must be carefully planned early on in the planning process. Successful counterpart training occurred in Brazil where teacher training was the primary target of the special education program. One speech pathologist in the program trained a total of nine counterparts. The same volunteer worked full time in one APAE and part time in three others. Selection of counterparts was made by directors/supervisors with the volunteer's collaboration and approval. The use of special education "consultants" who concentrated their efforts on training, aided the long term goals of the program and increased the multiplier effect of their work.

Numerous former volunteers from another Latin American country, however, report that they frequently worked providing direct services with no counterpart host country personnel to train. In addition, some also felt that productive activities initiated by volunteers were allowed to wither after volunteers terminated their service. These problems, which are common throughout the Peace Corps, seem to have resulted in greater dissatisfaction on the part of these volunteers because of their higher expectations for systematic cooperation and tight organization.

Considerations, Suggestions, and Recommendations:

- Take time to identify the host country persons to participate in host country programming. A hasty decision or commitment in this task can hinder Peace Corps programming for years to come.
- Do not assume that any one ministry, agency, or organization can serve as an umbrella for all disability-related concerns in the country or region. This is almost never the case.
- As time permits, APCDs should have a series of interviews with key leaders before a decision is made on the programming process. The APCD should write brief one-page summaries of such interviews for the benefit of future staff. The interviewers might involve representatives of government (Health, Education, Welfare agencies), representatives of various private sector programs, and by all means, some disabled persons or parents of children with disabilities who are actively involved in the disability movement.
- Insure that any disability programming group selected be established on an ad hoc basis for a temporary time period. It is easier to continue a good planning group than to disband an ineffective one.
- Be aware that any existing group, such as a national council for the disabled, will possibly be embroiled in internal organizational or political hassles. This could be true anywhere. Asking such a group to take responsibility for Peace Corps programming invites unnecessary problems. Instead, invite one or two especially effective members to participate on the ad hoc planning committee.
- Make sure that members of the planning committee receive formal letters of thanks from the country director. Some host country leaders report feeling unappreciated in their efforts to help Peace Corps staff program effectively.

1.3 Inter-Agency Dynamics

Critical Factor: Recognition and consideration of host country inter-agency dynamics

Organizations and agencies that work with the disabled are extremely competitive with each other and oftentimes engage in a kind of "organizational warfare" with each other. Peace Corps staff and others who are unfamiliar with the disability field are usually surprised to discover the antipathy that exists between organizations, their leaders, and even disabled people themselves.

There are several reasons for this phenomenon and Peace Corps programmers should be fully aware of the dynamics before calling together representatives of a number of organizations to plan a new project. First of all, the various organizations typically compete for the relatively small amount of funds available to support their program. They may compete for government grants, foundation funds, fundraising events, and even for the attention of Peace Corps staff.

Secondly, the organizations have had to compete for staff members, volunteers, and for members of boards of direction. Third, many of the agencies and organizations may have differing theoretical or philosophical points of view about the treatment of disabled persons. In the field of deafness, for example, there is a virtual war between those who advocate the oral method of deaf education versus those who advocate manual or total communication approaches. Different schools or programs working with the same kinds of disabilities may be quite divided along professional treatment models. Outsiders usually underestimate the intensity of these disagreements.

Considerations, Suggestions, and Recommendations:

- Recognize that successful leaders of programs for the disabled are often as hard-driving, manipulative, and opinionated as the toughest businessperson. They may also be gentle and loving but their programs did not develop into their present form without considerable struggle. Outsiders often expect such leaders to be less aggressive and more appreciative of assistance than they might first appear. Most have experienced a long history of broken promises.

- Recognize that concentrating Peace Corps assistance on one disability, one agency, or one sector (e.g. private special education) may cause some destructive side-effects such as increasing rivalry, charges of favoritism, and general loss of goodwill.

- Be very careful about changing volunteers' assignments. Changes should not be made lightly and volunteers should never have the only input into such a decision. Any changes should be negotiated between the host agencies, Peace Corps staff and the volunteer. This principle appears to be frequently overlooked.

1.4 Realistic Problem Definition, Needs Assessment, and Project Goal Setting

Critical Factor: The processes and resources used by Peace Corps staff and host country personnel in problem definition, needs assessment, and project goal setting

The problems of disability in developing countries are so great that it is difficult for Peace Corps staff to know where to begin programming. Asking country leaders about their major program needs is apt to elicit the response "We need everything--what can Peace Corps offer us?"

Any given Peace Corps country will have at least 10-15 percent of its population seriously disabled. This number will include people with learning problems (mental retardation and specific learning problems), people with speech and hearing problems (deafness, hearing impairments, speech impediments, etc.), people with seeing problems (blindness and visual impairments), people with mobility problems (paraplegia, polio, amputations, skeletal and muscular conditions), people with behavior problems (mental illness, alcohol abuse, drug abuse, delinquent behavior), and people with multiple problems (cerebral palsy, brain injury, stroke, rubella, etc.).

In high PQLI countries, host country expertise in special education and rehabilitation is usually fairly advanced. In fact, Costa Rica provides the opportunity for Peace Corps Volunteers to develop creative ideas in special education that can be brought back to the United States. The reviewers believe that Costa Rica is one of the few Peace Corps countries that can really be a "two-way street" in terms of sharing technical and program materials relating to disabled persons. Due to Costa Rica's more developed infrastructure, it is important that experienced special educators be programmed for the Ministry of Education's expressed needs (i.e. Peace Corps Volunteers with teacher training and supervisory skills.)

In countries where infrastructure is more limited, some of the most critical needs are in the area of diagnostic services. In Ghana, for example, the Home and School for Retarded Children is the only special education facility available to non-wealthy families, aside from a very small school in Kumasi which can only provide services to ten students. There is a waiting list of approximately 200 children to get into the Home and School, all of whom have been referred from the Resource Center. Volunteers found that many children in the school were misdiagnosed. Rather than mentally retarded, a child might be language delayed or a slow learner who could be integrated into the normal school system. Problems resulting from misdiagnosis as well as the common refusal on the part of a parent to put the child in a regular school usually include regression: children tend to imitate the behavior of other children and it is typically observed that a child with mild retardation will pick up the habits and take on the behaviors of more severely retarded or psychiatric children. The volunteers found that many of the children in the school had severe emotional problems rather than mental retardation or speech impairment. Improved diagnostic methods are critically needed.

Considerations, Suggestions and Recommendations

- Have a planning process in place before actually beginning to make decisions about disability-related projects. Peace Corps and A.I.D. as well as others have developed considerable expertise in the process of planning. Use it.

- Do not assume that there has never been a needs assessment study of the disabled in your area. Careful inquiry may turn up an International Year of the Child report, a UNICEF study, obscure government reports, A.I.D. studies, and international organization reports on various aspects of disability.

- At the very minimum, read the Charter for the 80s and the introduction to the WHO manual on Training the Disabled in the Community. Check with ICE and the Peace Corps sector specialist, OPTC, for in-house experience, and up-to-date information on resources.

- If there is absolutely no good information available on disability problems, needs, or goals in a given Peace Corps area, consider having Peace Corps Volunteers participate in a project to create such information in cooperation with a national council, government agency, or international organization (See the Seychelles study, Nous Bane Zanfans, coordinated by Peace Corps Volunteers). This may have a greater long-term influence than anything else that is done.

1.5 Political and Social Climate

Critical Factor: The political and social climate of the host country

Peace Corps Volunteers work in countries with great disparities in the quality of life of their citizens. The turmoil of social and political life in some of these countries often has a detrimental effect on the performance of Peace Corps Volunteers, particularly for those who work in large urban areas.

Since much of Peace Corps' programming in special eduction and rehabilitation is near urban areas, the safety of volunteers in some countries in jeopardized. Kingston, Jamaica, for example, has been an especially difficult place for Peace Corps Volunteers during the past few years. Volunteers have been burglarized, assaulted, and subjected to frequent verbal abuse on numerous occasions. Several resigned from service and others asked to be transferred to other parts of Jamaica. Peace Corps staff could do little to help the volunteers short of transferring them or commiserating with them.

Parts of Colombia have also proven hazardous to volunteers, as a result of the general problem of drug trafficking. Since many U.S. citizens come to Colombia to deal in drugs, it is natural for host country nationals to suspect Peace Corps Volunteers of being part of this criminal activity.

The nature of developing countries is such that volunteers are naturally somewhat at risk. There is no way to guarantee secure lifestyles for volunteers, but general security considerations should be an important part of all programming decisions. (The author of this section, having endured three burglaries in the past ten months, acknowledges that life in Washington, D.C. may be as hazardous as in any Third World city.)

Considerations, Suggestions, and Recommendations:

- Be aware that in large urban areas, programs for disabled people tend to be in poor areas of the city and that Peace Corps Volunteers working in such programs are, more often than not, women. Housing and transportation needs should be settled before final placement. Often, host country personnel who work in programs for the handicapped are daughters of well-to-do families who continue to live at home and have private transportation.

- When programming is being negotiated with agencies in high risk areas, consider the possibility of the agency taking some responsibility for transportation needs or for finding appropriate housing for the volunteer as a condition of employment. It appears that too many volunteers are simply left to their own devices in rather high risk situations. (See training recommendations.)

2.0 Recruitment Factors

Finding the best possible people for very demanding jobs is a continuing challenge for the Peace Corps. The constellation of personal qualities and skills needed by the applicants for Peace Corps service is rather formidable. Think for a moment about the requirements. The Peace Corps Volunteers should: 1) be skilled and experienced in their area of work; 2) be personally mature, independent, and adaptable; 3) be willing to work long hours for low pay; 4) be willing to move to a foreign country and probably speak a foreign language; 5) be willing to pull themselves out of the mainstream of their current life and career for a period of at least two years; 6) be able to apply rather sophisticated ideas of international development to the local community level; and 7) be able to accomplish this with only a modest level of training and supervision. Perhaps the most significant thing about the Peace Corps is its ability to recruit several thousand persons each year who more or less meet these demanding requirements.

Because special education and rehabilitation are "helping professions," it is not surprising that many professionals consider serving in the Peace Corps an important and natural extension of their life's work.

2.1 Personal Characteristics of Volunteers

Critical Factor: The individual personalities and inter-personal abilities of Peace Corps Volunteers

Over its twenty years of existence, the Peace Corps has expended considerable effort in determining what personal qualities are the best predictors of successful volunteers. The issue is obviously complex as there is no single kind of person who is best suited to be a Peace Corps Volunteer.

In looking at special education and rehabilitation assignments, several qualities seem important. Volunteers who work with the disabled need to have a sense of humor. Without humor, being disabled or facing the plight of disabled persons on a daily basis can be a disheartening experience.

Another important quality is a respect for the abilities of disabled people. Most individuals have a degree of compassion for the disabled but they often contaminate that compassion with pity or paternalism. In community development the volunteer must look for the essential strengths in the community and build on those. In human development the volunteer must look to the essential strengths of the individual and build on those.

A third important quality is adaptability. In working with disabled persons, adaptability may be defined as the ability to adjust one's style to meet the needs of persons with wide ranges of intellectual, emotional, and physical limitations and abilities.

In the course of this study and in our previous conversations with host country supervisors, the authors found many instances where the personal characteristics and inter-personal abilities of Peace Corps Volunteers dramatically influenced the effectiveness of their work. Volunteers who are overly critical, blaming, or fault-finding are especially difficult to deal with, according to one supervisor. Volunteers who lack self-confidence frequently fall into those behavior patterns. Regardless of their technical skill level, it is difficult for these volunteers to make an effective contribution to any Peace Corps effort.

Considerations, Suggestions, and Recommendations:

- Recruiters should weigh the personal qualities of volunteers as much as the professional or technical qualities. More volunteers appear to "fail" in disability-related assignments because of personal factors than skill factors.
- Sometimes people enter the "helping professions" because they need help themselves. People occasionally join the Peace Corps to get away from a life where coping is difficult. The combination of the two can be a special problem. The most successful special education and rehabilitation personnel should be able to articulate their basic human development philosophy, should be able to describe their motivation for joining the Peace Corps, and should be able to connect the two.
- Some programs for disabled people in the United States use community volunteers in their activities. A number of them interview applicants carefully and ask the question, "What do you want to get out of this experience for yourself?" Those people who are unable to respond or who say they "just want to help people" are usually rejected or asked to participate in special training groups.

2.2 Recruitment Resource Utilization

Critical Factor: The manner in which Peace Corps announces and recruits for disability-related projects

Some assignments in the Peace Corps are inappropriately filled by persons ill-suited for the work. The Peace Corps has a limited recruitment budget and it is evident that they cannot do the kind of detailed search that is often needed for the best possible placements. It would be unusual to find persons in the recruitment offices who fully understand the difference between the various specialties in the helping professions that now exist in the United States.

In the past ten years, a large number of new specialty areas such as music therapy, art therapy, therapeutic recreation, adapted physical education, inhalation therapy, and other highly specialized professions have sprung up in the graduate schools and social service agencies throughout the United States. In its work with the handicapped, the Peace Corps has traditionally selected volunteers from the fields of special education, physical therapy, occupational therapy, speech therapy and social work. There is little question, however, that a better job of recruitment could be done if the Peace Corps had increased visibility at the annual meetings of the professional associations and advertised more frequently in the professional publications of these associations. In general, Peace Corps Volunteers in special education and rehabilitation need a broad range of professional skills, common sense, and good interpersonal skills. When recruitment efforts do not reach the vast majority of skilled people in the helping professions, the chances of attracting the best qualified people are limited.

In 1977, a special guide for the recruitment of Peace Corps Volunteers in special education and rehabilitation was prepared for Peace Corps by a private contractor, but in 1981 there is little evidence that those recruitment materials and information are in use. This is an example of how the lack of institutional memory coupled with inadequate information and record-keeping results in wasted effort and lost opportunity.

In general it appears that recruitment would be more successful if the Trainee Assignment Criteria sheets (TAC sheets) were prepared around the skills a person is expected to need on the job, rather than on the professional specialty assumed to encompass the skill. It is not uncommon, for example, for a special educator who has worked eight years with mentally retarded children to be assigned to a school for physically handicapped children simply because the volunteer was labeled a special educator.

Considerations, Suggestions, and Recommendations:

- Peace Corps should find and use the recruitment materials prepared in 1977 to disseminate announcements about disability-related projects.
- Increased advertising in selected professional journals and at the annual meetings of professional organizations should result in many more Peace Corps applications. If human development services are reduced due to federal budget cut-backs, there may be a surplus of professionals in many disability-related fields in the near future in the United States.
- Peace Corps should send its sector specialist to conferences to share experiences and specialized materials with other professionals in the field.

2.3 Professional Specialties, Skills, and Experience

Critical Factor: The professional specialty areas of volunteers, their skill levels, and work experience influence the effectiveness of disability-related programming

There are several dozen professional specialty areas that deal with disabilities in the United States. Some of these such as social work and physical therapy are present in many parts of the world while others such as rehabilitation counseling are mostly unique to the United States.

Some professional backgrounds appear to be more suited for Peace Corps service because they can be applied in a wider variety of service settings. Occupational therapists and social workers have broad training curriculums and their skills can be used in an institution, a community facility, or the home. Physical therapists are generally trained to work in or near medical facilities and sometimes rely on specialized equipment and devices. Speech therapists, on the other hand, may work in either a medical or community setting, but may be more troubled by language differences than other professionals.

Peace Corps tends to define assignments in terms of the professional specialty rather than describing the kinds of skills needed and wanted by the host agency. For instance, a project might need a volunteer knowledgeable about setting up screening clinics for children with developmental disabilities. Someone with these skills might be a psychologist, a public health nurse, a physician, or an early childhood educator.Since there is considerable overlap in the skills possessed by the helping professions, it would be unduly restrictive to specify only one professional specialty for such an assignment.

There is little question that practical experience and a broad repertoire of skills are more important for most Peace Corps assignments than formal academic credentials. In institutional settings, formal academic training, particularly in the health area, may be far more necessary. In recent years the Peace Corps has been fairly successful in recruiting volunteers in special education and rehabilitation with both substantial skills and practical work experience. The range and depth of these skills and experiences vary tremendously but most volunteers have been able to adjust fairly well to their job assignments.

In recent years, some countries such as Costa Rica and Jamaica have requested volunteers with higher levels of training and experience than the typical volunteers had received in the past. In those cases, the Peace Corps had partial success in recruiting mid-career professionals and retired persons who have much broader backgrounds.

In one instance, some special education volunteers in Costa Rica were too inexperienced to be very useful to the host agency. Because there are numerous highly-trained special educators with extensive experience in Costa Rica, the Ministry of Education expressed a need for Peace Corps Volunteers with teacher training and supervisory experience. These skills are more scarce and volunteers more difficult to recruit.

Returned Peace Corps Volunteers in special education also stressed the importance of utilizing the skills of trained specialists in Brazil. Host country nationals in high PQLI countries have a preference for trained volunteers because, while an extensive infrastructure may exist, there is usually a serious deficit of qualified special education personnel. By the same token, in cases where there are host country specialists already working, there is an expectation by host country nationals that volunteers will be at least as qualified as they are. While generalist volunteers have occasionally worked successfully in Brazil, former volunteers do not recommend their recruitment.

In recent years, graduate training for educators has expanded rapidly in the United States and there are now many more Master's-level people available for Peace Corps service in fields like special education, school psychology, and counseling. Completely new specialties such as inhalation therapy and drug abuse counseling have also been developed or expanded in the past five years.

The perceived experience of volunteers may sometimes be as important a factor as experience. This was demonstrated in Ghana, where some volunteers believe that their young age (23-26) was regarded by supervisors as a negative factor. In Ghana, college students do not complete their studies until the age of 24 and are not expected to have the skills to work independently. Age is, in fact, a factor in most countries; many volunteers overcome the "stigma" of being younger than thier counterparts, but not all. Training may provide the most relevant solution to this problem.

If the Peace Corps is able to develop substantial community rehabilitation programs in the near future, careful thought will have to be given to the kind of background needed in potential volunteers. Highly trained professional people in rehabilitation tend to have rather entrenched ideas about rehabilitating disabled persons and it may be that less-specialized volunteers would be more appropriate for community-based assignments. With some 350 million disabled persons now living in the developing world, there will be a continued need for volunteers with extensive professional backgrounds as well as for generalists. There is no shortage of work to be done.

Considerations, Suggestions, and Recommendations:

- For disability prevention projects, volunteers should be recruited who have backgrounds in health education, public health administration, social work, public health nursing, and early childhood education.
- For special education projects, people should be recruited with either bachelor's-level or master's-level degrees and preferably several years experience. Because university special education departments may experience severe funding cutbacks throughout the '80s, there may be numbers of doctoral-level special education teacher trainers who will consider Peace Corps service. They may be especially valuable for countries with high PQLI ratings.
- For community rehabilitation projects, people can be recruited from all of the kinds of backgrounds previously mentioned plus those trained in environmental services such as water supply, sanitation, and traffic regulation.
- Institutional rehabilitation settings have made excellent use of occupational therapists, physical therapists, and speech therpists in Peace Corps projects. There are few training programs for such specialists in most developing countries.

2.4 Volunteers with Disabilities

Critical Factor: The selective use of Peace Corps Volunteers with disabilities in Peace Corps programming can have an especially dramatic effect on disability-related projects

Peace Corps has had an especially interesting and largely successful experience in recruiting people with disabilities for selected special education and rehabilitation projects. Although exact numbers are not available, the authors estimate that there have been at least 50-100 volunteers with obvious disabilities working in the Peace Corps over the past ten years. While this number is a small percentage of the entire volunteer pool, it is significant that any disabled volunteers have been assigned at all. No other international technical assistance agency has ever used this number of skilled people, who happen to have disabilities, in their programming. Volunteers with disabilities have usually been blind, deaf, or orthopedically handicapped.

Disabled people in developing countries have very few positive role models, and disabled Peace Corps Volunteers can demonstrate by the example of ther lives, new horizons of developmental potential for host country disabled citizens.

The subject of volunteers with disabilities is discussed in more detail in Appendix II: Volunteers with Disabilities: Experiences, Issues, and Recommendations.

2.5 Time Period Between Programming and Recruiting

Critical Factor: There is often a lengthy time period between the development of a project plan and the successful recruitment and placement of Peace Corps Volunteers

As much as a year can pass between the time a project is planned and the time volunteers arrived in-country. Important changes can occur during that time and frequently the volunteer assignment has to be completely redesigned. In the course of a year, key staff may change, funds can become more difficult to obtain and the best-laid plans often go astray.

In a Caribbean country, one program director reported that a Peace Corps staff member informed her that two Peace Corps Volunteers had arrived to work on her project. The program director and a previous APCD had planned a project fourteen months prior to the volunteers' arrival. In the meantime, she had said goodbye to the APCD, restructured the project, and assumed that the recruiting efforts had been unsuccessful. This is not an uncommon experience and many Peace Corps projects in special education and rehabilitation are developed "on the spot".

Considerations, Suggestions and Recommendations:

- Peace Corps should strive to shorten the time period between program planning and the actual arrival of volunteers. A time gap of one year or more makes most planning efforts obsolete by the time the volunteer arrives.

- Peace Corps staff should take care to stay in touch with host agencies while awaiting arrival of Peace Corps Volunteers, revising plans where appropriate and keeping mutually informed.

3.0 Training Factors

In most cases, the Peace Corps is able to recruit volunteers with substantial training and at least modest levels of experience in their area of work. The agency focuses its training efforts on helping the new volunteer adapt to a new culture and a new work setting with language and cross-cultural training. For special education volunteers, technical training takes place only in special projects where a number of volunteers are going to be working on a coordinated project. The Special Olympics Program in Colombia is one example of such a project.

3.1 Understanding Organizational Structures and Customs

Critical Factor: The volunteers' understanding of the host agency's organizational structure and customs influence their ability to work effectively

The special education and rehabilitation volunteers interviewed during this program assessment reported that their training was notably deficient in providing them with information about "how the system works" in their host country. Volunteers in schools, clinics, and community settings reported that inordinate amounts of time were spent discovering how to get things done within the system. Lacking this knowledge, unnecessary delays and inefficiencies in their work occurred, as well as "errors of protocol" which further complicated their assignments. Although most host country agencies have been accepting and tolerant of new Peace Corps Volunteers, it is apparent that the volunteers face unnecessary problems when they do not have enough knowledge about organizational structures and work styles appropriate to their sites.

Volunteers who are nearing completion of service and host country nationals are generally knowledgeable about local variations in acceptable work behavior. Their involvement in the training of special education and rehabilitation volunteers would have a significant impact on the level of awareness and job-readiness of Peace Corps trainees.

Considerations, Suggestions, and Recommendations:

- Arrange special training sessions for volunteers on how systems work in their host country and particularly in their employment sites. One such session should occur prior to their job placement and another after a few months on the job. Host country personnel who are accustomed to dealing with U.S. citizens would be especially appropriate as trainers, and some use of Peace Corps Volunteers nearing the end of their service would also be important.

3.2 Volunteer Expectations

Critical Factor: Volunteer expectations can directly effect the success or failure of a project

Volunteers frequently begin Peace Corps service with unrealistic expectations of the nature of their work. The source of such unrealistic expectations may lie in the personal naivete of the new volunteer or an overly optimistic program plan developed by the in-country staff and the host agency. The most destructive kinds of unrealistic expectations are those in which the volunteer expects a higher degree of cooperation, support, or attention than is likely to be available.

When the volunteer's expectations are inappropriate, there is a chance that the volunteer will be personally dissatisfied and develop a negative reaction to the project. Volunteers in Colombia, for example, typically had high expectations of the work they could accomplish. Some former volunteers reported their experience to be dismally disappointing, while their supervisors, Peace Corps staff or neutral observers described the project as highly successful. Upon examining this further, it appears that some volunteers, particularly in the Special Olympics projects, began their assignments with unrealistically high expectations of such factors as the degree of organization of the project, the amount of host country support available, and the freedom to plan and coordinate a major national program. The existence of a well-written plan apparently encouraged these expectations while not describing the fragile nature of such a large effort. Volunteers in general special education assignments with less well-defined expectations were probably better prepared for whatever difficulties they encountered.

When volunteers are involved in dialogue with training staff regarding the lack of structure and ambiguity they can expect in their assignments, they learn to anticipate what can go wrong or change and what expectations can be realistically fulfilled. In many developing countries, volunteers may find that agencies will be poorly funded, understaffed and overcrowded. The directors of the agencies may devote the majority of their time to keeping the program afloat. Volunteers will also find many programs for the handicapped to be lacking in basic equipment, materials and transportation for the clients. In addition, the agency staff may be required to deal with a wide range of problems for which they are only marginally trained to handle. Attention to these issues would be a valuable training component for volunteers.

Considerations, Suggestions and Recommendations:

- At the beginning of their terms of service, volunteers should be asked to write down some of their expectations on paper. They might divide these expectations into categories such as daily living, job expectations, community expectations, Peace Corps staff expectations, and mutual volunteer expectations. In the exercise, the volunteer should be asked to anticipate both the potential problems they can imagine in each of these areas, and also the potential rewards or positive outcomes that might result. The major point of the exercise is not the accuracy of their prediction, but rather the awareness they do bring with them, expectations which may not be clearly articulated. Periodic in-service training should include some "reality testing" of their initial expectations and some discussion of how these expectations have changed.

3.3 Special Technical Training

Critical Factor: Technical training for special education/rehabilitation volunteers is necessary

The Philippines deaf services project is a unique example of the utilization of a special comprehensive training component. In addition to eight weeks of special pre-service training at Gallaudet College (involving 17 trainers, 8 consultants and 4 project personnel), special training was carried out for all volunteers and Peace Corps staff. Volunteers had the opportunity to receive training in deaf awareness and sign language. The response of volunteers to placement of deaf volunteers in their communities was very positive. Many studied sign language and requested deaf services volunteers in their host communities. The medical staff also participated in sign language and deaf awareness classes. Such training was voluntary but strongly encouraged. The training took place at the same time the deaf services trainees received their pre-service training. Thus, when the trainees arrived in the Philippines, the staff was prepared to communicate with them. Additional sign language and deaf awareness training was also received. As a result, the staff is better informed, has new skills, and more awareness of the issues involved in dealing with deaf volunteers.

It is apparent that special technical training can create a more unified approach to a disabilities-related project, especially when host country citizens are also somewhat involved in the training.

Considerations, Suggestions and Recommendations:

- Peace Corps should develop a pilot training program in community rehabilitation. Since this is very new territory for all organizations, considerable technical cooperation will be needed from a variety of international experts.

- ICE and the OPTC sector specialist should begin collecting materials that might be used in a special training program on community rehabilitation. Some of these should be previewed by volunteers working in community programs in several Peace Corps countries.

4.0 Support Factors

Peace Corps Volunteers must have a considerable amount of support in order to make their brief two-year assignments successful. This support must come from the Peace Corps country staff, host country employers, local citizens, and fellow volunteers. The experience of living and working in a foreign country brings stresses that can easily become destructive to the volunteer and his or her job responsibilities.

The Peace Corps staff in particular has the delicate task of striking a balance between too much and too little support. Too much support can result in dependent and demanding volunteers; too little can cause feelings of isolation, despair, and resentment.

On the job, volunteers in special education and rehabilitation are almost always dealing with critical human problems which have fairly low priorities in the general scheme of development efforts. Unlike volunteers working in such fields as forestry or agricultural development, the volunteer working in a disability-related project will rarely feel fully integrated into the mainstream of community development. This situation, of course, reflects the reality of the lives of disabled people in developing countries.

Consequently, special education and rehabilitation volunteers must be exceptionally creative to find sources of support to sustain their efforts. Critical Support Factors may be physical, emotional, intellectual, financial, vocational, or even spiritual in nature. All human beings need all of these kinds of supports and Peace Corps Volunteers working with the disabled in developing countries face challenges that require more than a little nurturance.

4.1 Staff Support and Expectations

Critical Factor: The extent of staff support and recognition of disability-related programming as an integral part of Peace Corps' developmental efforts

Although the Peace Corps has a relatively small number of staff members to manage and support the work of thousands of volunteers, the amount and kind of staff support is critical in looking at the overall effectiveness of projects and programs to benefit disabled persons. The Country Director and Associate Peace Corps Directors have the most direct contact with volunteers and most responsibility for setting up and overseeing the assignments in which volunteers work. Those countries with Associate Peace Corps Directors responsible for special education and rehabilitation programs seem to develop the best overall projects and individual assignments.

In the Philippines and Ghana, for example, active staff support has had a positive impact on special education programs. The Associate Peace Corps Director for the deaf services project in the Philippines has been a prime supporter of the project and received the full endorsement of the in-country staff. As a result, support systems for the project were built into the overall programming effort. As the first such volunteers to be placed in more isolated, rural areas, these volunteers would not ordinarily have the same access to staff and volunteer support systems as other volunteers. In order to build an effective support system, volunteers and staff in nearby communities were given special training in sign language and deaf awareness.

Positive staff support was also reported from Ghana where the two staff persons responsible for special education were especially responsive to the special needs and problems of the volunteers. One staff person, a host country national, acted as a "cultural interpreter", providing insight into cultural differences in professional practices where resentment might have resulted. In Brazil, a Brazilian national APCD who worked as a regional director, was especially supportive of special education and rehabilitation programming, creating assignments for several hundred volunteers throughout one region of Brazil. He was especially proud of the work of these volunteers, gave them frequent praise, and made them feel important and confident about their assignments (See Brazil case study).

The influence of Peace Corps staff on the performance of individual volunteers can also be felt in a negative way. In one Central American country, reports and interviews indicated that a Peace Corps Director did not support the work of volunteers engaged in special education and rehabilitation assignments, regarding this type of work as being of low priority and inappropriate for continued Peace Corps involvement. The Director suggested to government officials that the Peace Corps phase out its programming in special education and was vocally critical of the special education projects to other volunteers. Several volunteers resigned from the Peace Corps due to this lack of support, but remained in their jobs in the country.

In some cases, it also appears that luke-warm or indifferent support is more harmful than no support at all. When a volunteer or group of volunteers becomes aware that they are going to get no support from staff, they often band together more tightly and call on their own resources more fully. However, the best situation clearly seems to be one in which the country director and Peace Corps staff members are enthusiastically and responsibly concerned about the work of the volunteers and sincerely endorse the value of their assignments.

The frequency of staff turnover also impacts upon staff support. Peace Corps is an agency in which change and transition is the rule. While the five-year limit within the agency serves an important function, on the country level a frequent change of Peace Corps directors and associate directors can interrupt the flow of support to all programs. The continual orientation and program negotiations with new Peace Corps staff has sometimes been aggravating to host country leaders in special education and rehabilitation. When staff changes every few years, it is difficult to do anything except short-range planning. When multi-year plans are made, the new directors and new staff who inherit the plans are seldom as committed to their completion as were the people who originated them.

Considerations, Suggestions, and Recommendations:

- Peace Corps staff must constantly communicate the importance and value of the volunteer assignments and projects once volunteers are placed. Staff doubts communicated to a volunteer after placement will be discouraging.

- Peace Corps staff must clarify the question of "who does the volunteer work for?" The volunteer naturally views the staff as important authority figures. The staff wields considerable power in the life of the volunteer, and it is too easy for the volunteers to see the staff as their "true bosses." In addition, the U.S. Ambassador is likely to give a speech to the volunteers reminding them that they are also representatives of the United States. Then the volunteer enters the job and recognizes that his or her obligations are threefold. The Peace Corps staff must emphasize the primacy of the host country agency as the major focus of the volunteers' commitment. Too often this connection between the volunteer and the host agency is quite tenuous.

- Peace Corps staff should continually work on their counseling skills. Even when there is little that can be done tangibly to help a volunteer with a problem, it is essential that the staff communicate concern, respect, and empathy for the situation faced by volunteers. Patient listening is a much more helpful skill than advice-giving.

- In the special education and rehabilitation fields, Peace Corps staff could acquire more material and technical assistance for volunteers from U.S.-based agencies if they were more assertive. An "official" request for assistance under the signature of a country director or U.S. Ambassador on behalf of a group of volunteers would generate much more response than individual volunteer letters. Peace Corps staff should assure that their volunteers have access to resources and information available through ICE or their in-country resource center.

4.2 Host Agency Support and Expectations

Critical Factor: The extent of host agency support and their expectations of volunteers

In many developing countries, the degree of government support for any program dealing with handicapped citizens is generally quite limited. Social service and educational programs are quite fragile and often occupy a low priority for government action and funding. Volunteers may find that a program or agency will simply close or change radically during times of economic stress.

Returned volunteers from an African country state that their professional duties were hindered by a lack of expected financial support from the Ministry of Education. As one example, volunteers and host country staff planned to travel into the provinces to conduct diagnostic interviews. Due to economic constraints, however, the Ministry was unable to provide transportation or travel expenses for this purpose. After a meeting of the volunteers and host country staff, a decision was reached to invite villagers to the capital for diagnostic services and training in special education methods. Although this satisfactory solution was negotiated, the volunteers' unmet expectations of the support from the Ministry affected their morale and created tension in their relations with the Ministry.

In the Seychelles, on the other hand, volunteers report that government agencies were very helpful in assisting them with needed materials, contacts, and support. Because the Seychelles is such a small country, there is relatively easy access to ministry personnel, as well as an opportunity to know the officials as persons and create a more personal relationship.

The host agency may also have unrealistic expectations of volunteers, resulting in a perceived lack of support. The concept of "voluntarism" is not well understood by many host country nationals in the sense it is intended by the Peace Corps and other volunteer agencies. Occasionally this misunderstanding results in volunteers being assigned to tasks that no one else in the agency is willing to do. Such misunderstanding was reported to occur in one country, where volunteers were assigned to sites in which they felt underemployed. As a result, they became discouraged and resentful.

4.3 Community Support and Expectations

Critical Factor: The extent of community support and its expectations of volunteers

The relationship between the Peace Corps Volunteer and the community in which he or she works and lives is extremely important. Peace Corps Volunteers generally stand out as being new and different members of a community and are rarely able to have the kind of anonymity that they may have experienced in the United States. A volunteer's reception may be anything from a welcoming committee to suspicious curiousity to indifference. The Peace Corps Volunteer who works with a disabled population must also be prepared for a wide range of community reactions to his or her work. The hope for a miracle cure or the apathy of a parent who sees no hope are common and poignant critical factors which can affect the volunteer's standing in the community.

In small towns and rural areas, the volunteer may find that some people in the community place unrealistic expectations on the developmental potential of some handicapped children. The father of one retarded and speech-impaired child, for example, wanted his son to become a lawyer and refused to buy him a hearing aid because he might appear handicapped. A second kind of problem arises when the community perceives the volunteer as a "U.S. expert" and wants to turn the child over to the volunteer and release the family from responsibility to the child. The volunteer then faces the delicate task of developing programs and activities which involve the family and the community while being careful not to remove the handicapped students or clients from the mainstream of community life.

In large urban areas, handicapped people are visible primarily in the streets. The common stereotype is that of a blind beggar with his cup or the mother on the corner with her severely physically handicapped young child. This urban scene often gives the impression that all handicapped people are beggars and that all handicapped people are poor. Helping families and communities develop positive human development expectations in this context is difficult, but a primary task for volunteers.

Effective community participation in Peace Corps projects can lead to community support for special education and rehabilitation goals. While programs for disabled persons tend to be isolated and separate from the mainstream of community life, Peace Corps Volunteers can serve as catalysts in encouraging existing organizations and people to come together to coordinate activities. Lacking the historical constraints that local people and agencies sometimes build up, Peace Corps Volunteers are often able to break the ice that separates independent efforts to benefit disabled people in the community. The most successful volunteers have generally been those who link up existing resources to enhance the activities of each of them separately. Councils for the Handicapped, for example, have been established or expanded in many countries because some Peace Corps Volunteers recognized that the various separate local programs had resources that could be useful to each of them.

Local interest and support of Peace Corps projects often translates into financial support. Some Peace Corps projects fail simply because there is too little money to do the work. Programs for disabled people do not fare well in times of economic stress. Those volunteers who try to raise money to keep the school open, buy equipment for the clinic, or raise money in the community for transportation of the clients are making a significant contribution in their communities. Scrounging for financial resources is a way of life for those who work with the disabled. Volunteers who use community organizing skills for fundraising events are generally the most effective in terms of program development, community recognition and support.

In Brazil, for example, many special education volunteers were extensively involved in fundraising activities. A number sought financial assistance through the Peace Corps Partnership Program and others utilized host country community resources. Their proposals for funds resulted in a physical education facility in the APAE of Crato, and for program improvements in other Brazilian institutions.

In the Seychelles, Peace Corps Volunteers also developed several successful fundraising efforts to build facilities, provide medical services for individual children and promote program development. Community members were always involved in their efforts. The funds generated new activities and gave the volunteers added credibility.

Considerations, Suggestions, and Recommendations:

- Since almost all programs for the handicapped in developing countries depend upon precarious financial arrangements, it would be beneficial for the Peace Corps to develop some training materials on planning, organizing and implementing fundraising activities involving the community.

- Staff should ensure that Peace Corps Volunteers know about and make use of the resources available through the Peace Corps Partnership Program. ICE can also help direct volunteers to other funding sources.

4.4 Volunteer Support

Critical Factor: Extent of mutual technical and emotional support among volunteers

An important source of support comes from the volunteers themselves. Volunteer teamwork, including volunteer networking and mutual technical support systems, makes it possible for volunteers to take advantage of each other's strengths and abilities while compensating for weaknesses. This teamwork seems to be as important for the personal support of individual volunteers as for professional support. Peace Corps Volunteers often feel isolated. The sense that there are others with similar challenges working in the next valley is a considerable comfort. Volunteers tend to have more knowledge about each other than does the Peace Corps staff, and the informal system of mutual support they develop can often be the critical factor in both the success of a project and the well-being of the individual volunteer.

Special education volunteer groups in Brazil, for example, were very well organized, primarily through the network of APAEs. They met regularly for job conferences, corresponded with each other, shared information and pooled resources.

Considerations, Suggestions, and Recommendations:

- Because Peace Corps staff cannot keep tabs on every volunteer's experience, the authors think there should be increased emphasis upon setting up loosely constituted volunteer support teams composed of six or eight volunteers who might meet with the others periodically, and act as a mutual group counseling team. These groups should not make any kind of formal report to Peace Corps staff, but should feel a sense of freedom and permission to call attention to perceived problems and confront one another when necessary and appropriate.

- Peace Corps staff should try to identify those volunteers who seem to have the best training skills and utilize them in other project sites at the request of the local volunteer.

- Use of ICE's Volunteer-to-Volunteer Network in special education should be encouraged as a vehicle for cross-fertilization of ideas among volunteers.

4.5 International Support

Critical Factor: Extent of support and collaboration with other international organizations, foundations, or agencies

Volunteers are sometimes able to tap into one or more of the international organizations that are active in disability prevention, special education, and rehabilitation for financial and technical support. As most of the international organizations dealing with disability are small and restricted in geography or program focus, volunteers are advised to begin a relationship with an international organization by first requesting something the organization will be able to provide. It is important to carefully develop and nurture any such relationship. The organizations will often assist volunteers if the right buttons are pushed.

Colombia's special education and rehabilitation program is an example of extensive collaboration with such international organizations as Special Olympics, Inc., the Partners of the Americas, Goodwill Industries, Gallaudet College's International Center on Deafness, Helen Keller International, Catholic Relief Services, the Gildred Foundation and Interplast.

Specific suggestions for Peace Corps Volunteers requesting assistance from national or international organizations are described in the second document of this report, the Resource Packet. Updates of this information will be available through ICE.

5.0 Post-Service Factors

Peace Corps is an agency with frequent beginnings and endings. In any given three-month period, there may be as many as one thousand people leaving Peace Corps service and another one thousand beginning. In addition, the staff of Peace Corps is constantly changing as individuals complete the maximum five-year term of employment. In this sense the Peace Corps more closely resembles, at the organizational level, a university than a government agency.

While many associated with Peace Corps feel a special sense of pride during this, its twentieth anniversay, very few people have a true "sense of history" about Peace Corps.

An example of this phenomenon was discovered by the authors in compiling this special education and rehabilitation report. We discovered that only a small number of people were aware that Peace Corps had a substantial history of work to benefit disabled people. Virtually everyone has been surprised at the observation made by the authors that Peace Corps has a more extensive record of international technical assistance to benefit disabled people than any other agency or organization in the world. Former volunteers who worked in special education and rehabilitation projects have no sense of being part of a coordinated global effort related to disability. Consequently, the Peace Corps organization as a whole has not been able to take full advantage of the cumulative knowledge of its volunteer alumni.

The Post Service Factors described below are perhaps less critical to the effectiveness of individual volunteer assignments than to the effectiveness of the overall effort of Peace Corps in activities to prevent disability and rehabilitate disabled people. However, these factors are especially important if Peace Corps is to take full advantage of the opportunity to learn from and expand the impact of its experience and knowledge.

5.1 Networking Returned Volunteers

Critical Factor: Taking advantage of the experience of former volunteers in disability-related projects

As Peace Corps begins its third decade of global service, we note that more than 80,000 men and women have worked two years or more in the developing countries of the world. The authors of this report were not able to determine exactly how many of these have worked in disability-related projects, but the number exceeds two thousand. It is very disappointing and surprising that so little is known about their efforts.

Each new group of volunteers working in special education and rehabilitation has to make its own way and learn its own lessons with little benefit from the experience of those who have faced the same challenges. When volunteers in the same projects or similar projects overlap in service, there is a better sense of completion for the outgoing volunteer and a greater sense of continuity for the new volunteer.

In general, the authors think the Peace Corps does a poor job of terminating its volunteers and completing their projects. The volunteers need to tell their story, to pass on what they have learned, to feel a part of a larger effort which is not ending with themselves. In the past five years, ICE has taken a proactive role in facilitating the exchange of just this kind of information by encouraging Peace Corps Volunteers to put their experiences into writing, documenting it in an accessible, central location and sharing it.

Considerations, Suggetions, and Recommendations:

- At the very least, Returned Peace Corps Volunteers in special education or rehabilitation should be asked to write a description of their work, accomplishments, disappointments, learnings, and recommendations to others contemplating international service through the Peace Corps or any other organization. A single file of such self-evaluations could be kept at the Peace Corps, or preferably, special arrangements made with a national resource center like the National Rehabilitation Information Center, or the ERIC Clearinghouse on Handicapped Children.
- Increase the linkages between returned volunteers and current volunteers working in similar projects. New volunteers always seem to need teaching materials, books, and professional supplies.
- Create special councils of former volunteers who are now members of professional groups and encourage them to activate more support for Peace Corps efforts within the professional group. For example, the Council for Exceptional Children has approximately 60,000 members. There are probably several hundred members who are former Peace Corps Volunteers. A special Peace Corps support group could be set up to communicate with current volunteers, provide publications, and generally recognize and encourage the work of current volunteers.

5.2 Extending Collaboration with other Organizations and Agencies

Critical Factor: Peace Corps' efforts in special education and rehabilitation would benefit greatly from increased collaboration with other organizations and agencies

The Peace Corps has reached a new level of maturity with its twentieth anniversary. Its programming is more thoughtful and its strengths and weaknesses are fairly well known in the host countries and within the agency itself.

However, the Peace Corps still appears to occupy a solitary position between the formal developmental programs (e.g. A.I.D., the World Bank, and the United Nations Developmental Programme) and the private voluntary organizations (PVOs). Peace Corps has humanpower in a wide variety of areas. It is, however, generally unfocused and spread out. Very few people within Peace Corps itself have a grasp of "the big picture". Virtually no one outside of Peace Corps has any idea of the scope of Peace Corps' efforts relating to disability. The staff of Peace Corps, like that of many other organizations, gets caught up in the minutae of everyday life and ends up talking only to each other. This should change.

Considerations, Suggestions, and Recommendations:

- Sector specialists and ICE have made significant strides in collaborating and communicating with other organizations and agencies and should be encouraged by Peace Corps management to continue these efforts.

- In the disability area, a staff liaison should be designated to collaborate with both governmental and non-governmental international programs and projects. For example, the National Institute on Handicapped Research (NIHR) staff convenes a quarterly meeting of leaders of major international rehabilitation organizations to share information and enhance each other's projects. Peace Corps should be represented there.

- Peace Corps should carry out more actual programming with other international development programs. The PVO groups sometimes collaborate with individual volunteers in-country, but formal joint programming seems quite rare.

- Peace Corps should consider some inexpensive "cross-fertilization" techniques such as one-month staff exchanges. For example, an OPTC staff member could spend one month in New York working with Rehabilitation International. Later in the year, an RI staff member could work one month in the Peace Corps/Washington office or in a specific Peace Corps project needing technical assistance.

5.3 Evaluation of Assignments and Projects

Critical Factor: Evaluation procedures help to facilitate information sharing and ensure the utilization of volunteer experience and expertise in disability programming

Extensive formal evaluation of disability-related projects would be time consuming and costly, but much valuable information regarding the dynamics of disability in developing countries becomes inaccessible or lost without evaluation systems in place.

Peace Corps has always been a forward-looking organization. The next program, the next volunteers, the new emphases are constantly being stressed. So much occurs through the experience of thousands of volunteers that it becomes a monumental task to evaluate individual assignments or projects in any systematic manner.

However, once an area of operation has been identified such as fisheries development, small industry development, or special education and rehabilitation, it then becomes possible to create some simple but specific evaluation tools to generate information for an interested target audience. There is such a target audience for disability-related projects and Peace Corps' experience with disability can be more broadly shared.

Considerations, Suggestions, and Recommendations:

- Peace Corps should develop simple evaluation formats for individual assignments, disability projects, and country programs. The results of such formats should be made available to other organizations and researchers. In the disability-related evaluations, the Peace Corps itself need not be the depository of data but rather some national clearinghouse, such as the National Rehabilitation Information Clearinghouse (NARIC). Technical assistance in the development of the evaluation formats could be solicited from other governmental agencies such as the National Institute on Handicapped Research.

Alternative Programming Considerations

Introduction

A review of Peace Corps' efforts in any field is bound to ask the question "What are the projects we should promote and try to replicate in other areas?" In this review of special education and rehabilitation projects, we were asked to discuss the relative merits of community-based versus institution-based programming. The question implies that there is a difference, that we can describe that difference, and that one is likely to be preferable over the other as a model. This paper reviews some issues regarding institution-based and community-based programming involving the disabled, speculates on future trends, and suggests some possible courses of action for Peace Corps.

Community-Based versus Institution-Based Programs

For purposes of discussion, an institution-based program for disabled persons may be described as one which utilizes a large central facility, has a predominatly professional staff, treats disabled persons as "patients" or "students", needs a substantial operating budget, and intensively treats a relatively small portion of the total population which might benefit from its services. By contrast, a community-based program would use a modest facility or building as a center, would be staffed primarily by community workers who receive "on the job" training, would deal with disabled persons more as "clients" or "colleagues", would have a small operating budget, and would provide more general services to a greater percentage of the community population. Of course, few programs fit neatly into one category or the other, but rather have elements of both.

Among the international development organizations, there is considerable disagreement about the relative effectiveness and appropriateness of institution-based versus community-based programming. At the simplest level, those who believe in institution-based programming tend to think that international technical assistance should be channeled through the existing institutional and organizational infrastructure of the host country. Those who promote community-based programming tend to think that assistance should be channeled directly to people in the communities where they live. This dichotomy implies that existing institutions may lack either the ability or the intention of actually meeting the extensive needs of the population that is often described as "the poorest of the poor". Community-based programming thus becomes a plea for alternatives to existing institutions and structures.

David Werner, among others, has voiced this plea in his volume, Health Care and Politics (1977):

> Clearly, alternatives are needed: alternatives that restore dignity, responsibility, and power to the people on the bottom; alternatives that allow and encourage the poor to analyze the whole physical, social, and political reality of their situation and to organize so that they gain, through their own actions, greater control over their health and their lives.

The Community Rehabilitation Revolution: an historical perspective

The decade of the '70s saw an astonishing change in thinking and actions regarding international development efforts. E.F. Schumacher articulated that change most effectively in the popular volume, Small is Beautiful. The argument for more small-scale community-level development strategies and activities presented in this publication has created a world-wide revolution in the programming of international developmental assistance organizations.

The effects of that change in thinking are also evident among the relatively small group of international experts concerned with disability prevention and rehabilitation. Beginning in the mid-'70s, a number of prominent individuals as well as international organizations and agencies began to rethink their approach to development activities concerning disabled persons. In 1976, Duncan Guthrie, a development expert in England, convened a conference on "Disability and the Developing World". The report of that conference (now out of print) pointed the way to simplified models and low-cost approaches that take place at the community level. This report provided the same kind of conceptual base for those interested in disability that E. F. Schumacher's work did for the general international development community.

A second important event was the appearance of David Werner's book, Where There is No Doctor. This practical and enlightening handbook has demonstrated that the essential principles of primary health care at the village level can be rather simply but thoroughly described in one volume. Werner successfully demystified much of the professional jargon surrounding health care and provided a model for others to develop similar approaches in other areas.

Also in the mid-'70s, the prestigious and broadly-representative organization, Rehabilitation International, began to promote disability prevention and more simple approaches to special education and rehabilitation on a global level. In 1981, Rehabilitation International published the Charter for the 80s, a statement of consensus about international priorities for action during the decade 1980-1990. The Charter was developed based on the most extensive international consultation ever undertaken in the fields of disability prevention and rehabilitation. Thousands of people throughout the world discussed and debated the issues at national, regional, and international meetings during the three year period from 1978-1980. The Charter recommends targets for action at the community, national, and international level to serve as a guideline and stimulus for all nations. The section on community targets is included below in its entirety.

Targets at the Community Level

> Shifting of the focus of rehabilitation efforts to the **community level.** This includes extension of community level rehabilitation services, in both urban and rural locales and preferably within existing community services.
>
> Strengthening all measures to foster **community integration** of people with disabilities including elimination of all barriers to their use of public facilities and services.

Establishment of a system within each community for **early identification** of children and adults with disabilitites.

Providing rehabilitation services taking into account the **economic and social situation** and cultural background of the person with a disability and his or her family.

Assuring the **participation of people with disabilities** and their families in decision making about their lives and the rehabilitation assistance that they receive.

Improving and increasing dissemination of **information** to people with disabilities and their families concerning the realization of their rights within society and the services available to them.

Providing rehabilitation services to all in need of them without discrimination on the basis of age, sex, financial capability, religious or ethnic background, or type and cause of impairment.

Expanding **training of community level personnel** to identify people with disabilities, assist them and their families, and, when necessary, refer them to appropriate service programs. All generic training programs for community workers, including teachers, social workers, health services personnel, administrators, clergy, family counselors, and civic planners, should incorporate basic training about the nature of disability and the rehabilitation process.

Adopting of measures by trade unions and employers to facilitate **employment** of members of the community with disabilities. Employers of large numbers of workers, particularly agencies of government, should be encouraged to take the lead.

Adopting of measures by trade unions and employers to **prevent accidents** at work and to reduce injuries to workers.

Other organizations such as AHRTAG in England, L'Arch in France, the Canadian Institute on Mental Retardation, and a variety of U.S.-based organizations such as Helen Keller International, Goodwill Industries, Partners of the Americas, and others, began to develop specific projects and programs dealing with low-cost approaches to disability prevention and rehabilitation that are relevant to developing countries.

Despite the remarkable shift in thinking and programming toward community-based approaches by some, it is not universally accepted. Clearly, the planners and policy-makers of national governments must be persuaded of the wisdom and appropriateness of such new methods. Also, community rehabilitation approaches may be perceived as somewhat threatening by the leaders of existing institutional programs for the disabled. In many countries, some of the most highly trained and most respected professionals in rehabilitation and special education are not yet convinced that simplified community approaches will be effective. Just as Schumacher's notions of intermediate technology were criticized in some quarters as being "mediocre technology", simplified rehabilitation and special education approaches will certainly be criticized as being unprofessional or second-rate by some persons. New economic and cost-effectiveness data compiled by Rehabilitation International and the World Health Organization may do more to spur on the development of community-based programs than any other kind of argument.

The World Health Organization, for example, in its manual, Training the Disabled in the Community, analyzes the gap between the needs of disabled persons and the services available in developing countries. Using a realistic example of a developing country, the authors report that at any given time only 1.1 percent of persons needing rehabilitation services were actually receiving them. An attempt to meet the remaining needs through institutional means would cost approximately US $34 per capita per year—an amount that would be beyond the capability of developing countries. By contrast, the authors compute that providing full coverage through community-based programs would cost only US $1.78 per capita per year. Furthermore, they also estimate that it would take 124 years to implement full coverage through institution-based programs, but only 11 years to reach full coverage by community-based care.

In the developed countries of North America and Western Europe, the soaring expense of institutional care is already shaking the foundations of traditional professional service delivery models. And if WHO's figures are valid, national planners and policy makers worldwide may be expected to give community-based rehabilitation approaches additional attention in the coming years.

The Peace Corps: its changing role in the international spectrum

The Peace Corps has had extensive experience in both institution-based and community-based programs. The majority of placements have traditionally been in institutional settings, as it is the rehabilitation hospitals, schools for retarded children, or national centers that most frequently request Peace Corps assistance. Volunteers have performed admirably and effectively in many such institution-based programs and often appear to have encouraged the institutions to expand their work to broader segments of the population.

Nevertheless, the basic structure and functions of such institutions led a Peace Corps Health Need Area Team to report in 1978 that:

> Often, the clients are institutionally-based and the condition is chronic. While addressing a major need and involving worthwhile jobs, the work is curative by definition and is often isolated from other development efforts. Improved institutional rehabilitation may have little effect in the long run if communities are not prepared to accept the rehabilitated person or if the cause of the handicap is unchecked and the population needing services continues to increase.

The authors view this comment as a valid criticism of institution-based programming in rehabilitation. Indeed, it is essentially the same argument used to criticize institutions in the United States. The dilemma for the Peace Corps is that the existing institutions are often the only resource in most countries well enough organized to request Peace Corps assistance. A second problem is that virtually all institution directors regard themselves as heading community-based organizations responding to the needs of the people of their community. They quickly argue that their lack of outreach or extensive education or preventive programs is caused by a lack of financial and personnel resources. If only the Peace Corps will supply them with a physical therapist, an occupational therapist, a rehabilitation nurse, and a social worker, the community will be better served. It is difficult for the Peace Corps staff member who walks through the waiting room of such an institution to refute the obvious compelling human need represented there.

During the past few years, the Peace Corps has recognized the need for a more systematic programming approach in special eduction and rehabilitation as opposed to "gap filling" in institutions and schools. This juncture in Peace Corps programming offers a particularly opportune time to explore the benefits of closer collaboration with other international organizations concerned with the needs of the disabled. Most of these organizations have highly developed conceptual schemes for implementing community-based rehabilitation programs but very few personnel to implement their plans. The Peace Corps, on the other hand, has a large number of people working with the disabled in communities throughout the developing world but lacks the long range planning and technical resources these other organizations can provide.

Increased collaboration between Peace Corps and other international rehabilitation organizations would thus seem to offer many mutual benefits as well as new promise for disabled people in the developing world.

Model Programming in Disability Prevention, Special Education, and Community-Based Rehabilitation

As a general practice, the authors believe that the Peace Corps should engage in three primary areas of programming to address problems of disability, with a fourth special disability project area for innovative new approaches. These are:

1) Disability Prevention (can be institution-based or community-based);
2) Special Education (primarily institution-based at the local level);
3) Community Rehabilitation (primarily community-based); and,
4) Special Disability Projects (experimental, innovative, one-time approaches)

The four areas have common principles that programmers ought generally to follow to make projects appropriate for continued Peace Corps support:

- Disability-related projects should build new capacities among host country citizens.

- Volunteers should not have primary assignments providing direct health services or direct classroom teaching, except when counterpart training is clearly evident.

- All Peace Corps Volunteers and staff should be trained to ask the question "what long-term impact, if any, will this project have on disabled people or on the effort to prevent disabilities?"

- Volunteers should not work in institutions that provide primarily residential services.

- The planning of special education and rehabilitation projects should systematically involve disabled persons and their families.

- Peace Corps should promote mutual self-help activities among disabled people at the community level.

Disability Prevention Model Projects:

The Peace Corps engages in a number of activities that may be described as having the effect of preventing disability. In most countries, disability prevention projects will likely be planned with public health officials and might include such projects as maternal and child health, nutrition education, environmental sanitation, and other general health and education programs which work to expand the access of the general population to known and effective practices. All public health activities have the intention of preventing disability, but a specific disability prevention project is a more precisely focused public health activity.

The advantages of a disability prevention project for the host country and the Peace Corps are plentiful. Such projects require little institutional infrastructure and few specialized facilities. The project staff can have varied educational backgrounds and can be intensively trained in prevention techniques in a short period of time. Prevention projects reach a large segment of a given population and can be shown to be quite cost effective. For Peace Corps purposes, volunteers can be used in ways that build new capacities in host country personnel and also to expand the amount and the types of human services available. Counterpart training is easier to arrange since less-specialized prerequisite skills are required. Primary health care projects, community education programs, and parent education courses are among the most effective ways of using a volunteer's skills to reach a large number of people.

While disability prevention projects are likely an excellent area for expanded programming in the Peace Corps, there may be initial difficulties in establishing such projects. Substantial cooperation with public health officials will be required for Peace Corps staff to plan prevention projects. However, the public health sector of many developing countries often receives only a small share of the total health budget and acute care facilities such as "model" hospitals frequently receive a disproportionately large share of the available resources. Consequently, it may take a long time to get even a small amount of money allocated to a new project. Peace Corps programmers may find it useful to stay in touch with health planners and watch for programming opportunities when a new public health or community education program is beginning. It will certainly be easier to include a disability prevention component in the planning of a new program than to start and fund a separate project from scratch.

There are also opportunities for the Peace Corps to join in disability prevention efforts already begun by other organizations. The World Health Organization, for example, has begun an extensive blindness prevention campaign involving, in particular, many African nations. Helen Keller International is also very involved in developing new strategies for blindness prevention in rural areas. In Venezuela, an extensive mental retardation prevention program is now underway and Costa Rica is developing new hearing conservation programs.

An excellent concept paper on disability prevention written by Tonya Madison, a former Peace Corps staff member in Kenya, is excerpted below:

> The common theme of Peace Corps, meeting basic human needs, represents a combination of disciplines functioning in various areas to improve the quality of family life. The improvement of the quality of family life is synonymous with the prevention of disease and malnutrition and consequently their resulting handicaps.
>
> Disability prevention is not, and should not be considered a specialized area for which separate services are required. It is a neglected area of intervention, and must be given greater attention within the general framework of existing resources.
>
> Ideally, a prevention program would be based on a complete survey of the etiologies and incidences of disabilities. This type of study is not available, and is difficult to produce. A prevention program need not wait for such a survey. Known facts can be utilized to create a program.
>
> The fact is known that the incidence of mental retardation, for example, can be reduced by as much as 50%. The crucial period for prevention is from the time of conception to early infancy, when the developing nervous system is sensitive to a complex of variables, including infectious disease, toxic substances and malnutrition.
>
> The potential exists to incorporate principles of prevention into the developing health care system. Methods effective in preventing disabilities are part of the many efforts aimed at improving the quality of life that are being carried on within multiple agencies throughout the country. Existing programs aimed at improving family life will subsequently decrease the occurrence of disabilities. For example:
>
> > Maternal Child Health/Family Planning Clinics: By prenatal care and availability of means for child-spacing;
> >
> > Family Life Training Centers: by the improvement of nutritional status by food supplements and education; and,
> >
> > Rural Training Centers: by early identification of children at risk in the field.
>
> These represent examples of practices which will decrease the incidence of disability. In Kenya, these programs have indicated an interest in utilizing Peace Corps Volunteers in various programs of health planning and personnel training. They require experienced health educators and training personnel in various ways with the common objective of producing healthy babies.
>
> Health education is an important aspect of prevention. Knowledge is the means by which people can control their own destinies. Education provides the awareness as to what means are available to produce healthy children and environments conducive to growth.

Health education needs to focus on the affected adult population, especially women of child-bearing age. Women, the people with the most direct contact with children (especially in rural areas), do not benefit from as high a level of formal education. Therefore, the person with the greatest responsibility for the child's development is least likely to be aware of what alternatives are available. The following are ideas of what health education would include:

1. The relevance of immunizations;
2. The need for immediate medical care in the case of high fever;
3. Nutritional information;
4. The harmful effect of toys such as lead batteries; and
5. The importance of hygiene as related to decreasing the possibility of infections.

The aim to reduce the occurrence of disabilities is a complex issue. The implementation of prevention programs within the existing structures is a necessary step to the alleviation of disabilities. The application of known practices can serve as a basis for initial steps to initiate prevention programs.

In summary, disability prevention projects for selected Peace Corps countries appear to be a most appropriate target area for future Peace Corps programming. There is an excellent fit between the goals of the Peace Corps, the human needs of most developing countries, and the capabilities of Peace Corps Volunteers. However, disability prevention projects represent relatively uncharted territory in international technical assistance as well as national planning efforts. The authors believe that, in order to be successful, disability prevention projects will need high levels of initial planning between Peace Corps staff and host country personnel. These planning efforts may be facilitated and enhanced by involving a third component such as consultants from other international technical assistance programs with technical expertise in the development of disability prevention projects.

Special Education Model Projects:

The Peace Corps has an extensive and impressive history in the special education field in the past decade. Many hundreds of volunteers have worked in special education schools and community facilities in helping meet the educational needs of handicapped children. In some places, such as the Seychelles, Peace Corps Volunteers have helped initiate some of the first special education efforts in a given area. In other places like Costa Rica, volunteers have helped expand the knowledge and service base of the existing special education infrastructure. In both cases, the contributions have been substantial and appropriate for the Peace Corps.

Special education assignments are generally more institution-based than community-based in the sense that the education of handicapped children, even in the very poorest countries, usually takes place in a school or clinic setting. Frequently, a large number of different kinds of handicapped children are lumped together in one group, and less frequently, the handicapped children are included along with non-handicapped children in the educational program of a given community. Special education schools may be either public or private, and may even operate as profit-making facilities in some of the large capital cities of developing countries.

The most successful special education projects usually have several volunteers with a wide range of skills assigned to a particular geographical area. In their assignments, the volunteers will usually engage in some amount of actual classroom teaching, will serve as resource teachers on an occasional basis to other classes, will arrange in-service training programs for all teachers in the system, and will be active in involving the parents in the education of the handicapped child. These volunteers are often very helpful in bringing other resources to bear from international organizations or local civic groups to help the school or system in which they work. In their off-hours, many help develop recreational activities for handicapped children, lead discussion groups with family members of handicapped children, and visit the homes of the students with whom they work. These volunteers often become valued members of the community and leave behind both their substantial skills and considerable good will when their term of service is completed.

The authors believe that special education assignments represent the most appropriate kinds of institution-based programs for Peace Corps programming relating to disability. The nature of special education schools or classes typically places them closer to the community than other kinds of institutions, particularly rehabilitation hospitals or residential institutions for handicapped populations.

Peace Corps programmers have had considerable success in planning capacity-building projects with host country personnel in the special education field. As special education is still in the very early stages of development in most Peace Corps countries, there should be continued opportunity for creative special education programming in the foreseeable future in almost every country.

Community Rehabilitation Model Projects:

As briefly mentioned earlier, community rehabilitation may be differentiated from institutional rehabilitation by a variety of factors:

- Community rehabilitation tends to involve numerous, non-specialized public facilities and home settings for much activity.
- Community rehabilitation tends to involve more general services involving a larger number of people.
- Community rehabilitation tends to integrate disabled people and treat them more like fellow citizens with special needs.
- Community rehabilitation tends to be relatively low in cost and takes advantage of the unschooled talents and abilities of people.

There is such compelling logic for more community rehabilitation programs in developing countries that it is often difficult to understand why so little has been done in this area. One explanation is that it is hard to make community rehabilitation projects last. Without a large building, without a permanent professional staff, and without a prominent board of directors, it is easy for a community rehabilitation project to disappear when key people depart or problems occur.

Useful models for community rehabilitation efforts are just beginning to appear in published form. One interesting conceptual model for the early childhood education of handicapped children has been developed by David Fisk of the High/Scope Educational Research Foundation . He has developed an "Ecological Intervention Model" to serve as a future guide for the education of children with disabilities in less-developed countries. He contrasts this model with the more typical Welfare Program Model and the Showcase Program Model. In this model, the home and neighborhood becomes the service setting and parents and paraprofessionals are the primary providers of services. More preventive programs are emphasized and the clientele is not rigidly defined. Services are viewed as a right rather than a charity or a privilege. (See chart on final page of this section.) While this conceptual model refers primarily to early childhood education of the handicapped, it also has utility for other community-based models for helping the disabled at the community level.

This model offers potential for a much-needed conceptual grasp for Peace Corps programming. Yet it does not deal with the problem of Peace Corps Volunteers being temporary members of the community. This is less of an issue in an institutional setting because staff members routinely change and are not necessarily expected to be members of the community. Implanting and nurturing outside elements, while encouraging self-reliance and mutual community assistance, is a delicate and time consuming task. David Werner, for example, worked for fifteen years in a remote area of Mexico to carefully bring in new knowledge and skills to improve primary health care.

It is apparent that community rehabilitation efforts, whether introduced by Peace Corps or other international organizations, must acknowledge the fundamental contradiction of having foreign citizens come into a community to develop self-help activities. This contradiction is causing considerable reflection and questioning among international technical assistance organizations.

Because of this apparent contradiction, the authors of this report believe that Peace Corps programmers should look for already-existing community-initiated projects in which a community rehabilitation component might be added as a new community resource. As an experiment in training, it would be useful to develop a short-term, pre-service training program using the new World Health Organization's manual entitled Training the Disabled in the Community.*

With a combination of a new rationale for community rehabilitation programming, new tools in the form of resource materials, and creative efforts by Peace Corps programmers to identify a series of careful placements in community development programs, the Peace Corps can become a much stronger force in the global effort to help disabled people become full participants in the life of their communities.

Special Disability Projects:

The Peace Corps has occasionally undertaken special disability-related projects of an innovative, experimental nature. For example, a Special Olympics project in Colombia utilized ten volunteers who attempted to set up a nationwide Special Olympics program for mentally handicapped youth. The Philippines Deaf Education project trained a number of skilled deaf volunteers to develop educational programs for deaf children and youth. These projects are described more fully in the Selected Country Reviews section of this report.

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* In the view of the authors of this report, the WHO manuals will likely prove to be the single most useful set of printed resources for implementing practical community action in special education/rehabilitation in the decade of the '80s. These manuals are expected to be published in final form in 1982 and are only available in an experimental version at the time of this writing.

Such projects usually require additional technical training for volunteers and are not always replicable in other countries. Nevertheless, innovative program efforts should be encouraged to explore new strategies for improving the impact and effectiveness of Peace Corps' work.

EARLY CHILDHOOD EDUCATION
FOR SPECIAL NEEDS POPULATIONS IN LESS DEVELOPED COUNTRIES
- Selected Dimensions -

	EXISTING SERVICE EFFORTS[1]		FUTURE DIRECTIONS[2]
	WELFARE PROGRAMS	SHOWCASE PROGRAMS	ECOLOGICAL INTERVENTION
THE SERVICE SETTING	*GENERAL CHILD WELFARE INSTITUTIONS* Located throughout urban areas of developing nations. Usually sustained in old, minimally equipped facilities with a mixture of private and public funding.	*INSTITUTIONS FOR THE HANDICAPPED* A very limited number located in capital city. Often affiliated with centers of higher education. Relatively well-financed by public sector.	*THE HOME AND NEIGHBORHOOD* With diversified institutional support, especially through the public education and health systems.
PROGRAM RATIONALE	*CHARITABLE/HUMANITARIAN* Weak political linkages. Minimum services to maximum numbers of children.	*'HIGHEST QUALITY' SERVICE* Frequently highly visible programs with obvious political identity. Maximum services to minimum numbers of children.	*SERVICE IN CONTEXT* Viewed as a right of the handicapped as well as an investment in the future through preventive and remedial service. Basic services to all.
CLIENTELE	*CHILDREN IN NEED - MANY HANDICAPPED* 10% or less of the handicapped, usually the abandoned or from highest income families. Clients are beneficiaries.	*HANDICAPPED CHILDREN* Less than 1% of the handicapped. Clients are subjects of treatment.	*NEEDY FAMILIES, CHILDREN AND COMMUNITIES* Broader outreach through mobilization of community human and physical resources. Clients are partners in the process.
SERVICE PROVIDERS	*CHILD WELFARE WORKERS* Members of religious orders/employees of public welfare agencies. Generally have had little access to specialized knowledge.	*SPECIAL EDUCATORS* Highly trained professionals, usually educated abroad.	*PARA-PROFESSIONALS IN PARTNERSHIP WITH PROFESSIONALS* Professionals in program supervisory and training functions for parents and other para-professional workers.
THE EDUCATIONAL PROGRAM	*CUSTODIAL* Concern during the preschool years focussed on physical well-being with little evidence of an explicit educational component.	*REMEDIAL* Highly sophisticated (and generally imported) educational treatment patterns focussing on specific handicapping conditions.	*PREVENTIVE AND REMEDIAL* Programs reflect developmental as well as diagnostic orientation. Primary emphasis on prevention. Curricula focussed on the overall potential of the child as well as the specific handicapping condition.

[1] Specific service programs may reflect varying mixtures of the dimensions described for welfare and showcase programs.

[2] A few less developed countries (especially in Latin America) are already pursuing lines of action which, for most of the developing world, remain somewhere in the future.

Prepared for the 1980 HCEEP-DEC Conference, Shoreham Hotel, Washington, D.C. by David Fick, High/Scope Educational Research Foundation, Ypsilanti, Michigan, December, 1980.

REFERENCES

Information for this report was gathered from a wide variety of sources. The researchers reviewed materials located in the files of Peace Corps' Office for Programming and Training Coordination, the Information Collection and Exchange office, the ACTION Library and the office of Evaluations, including Country Management Plans, Trainee Assignment Criteria sheets, Project Summaries, and Statistical Summary Quarterlies. We also consulted Peace Corps staff, returned volunteers and country desk officers. A six page survey was mailed to a sample of 65 returned volunteers in special education and rehabilitation; 53 responses were received. A questionnaire was also sent to all Peace Corps Country Directors and 32 responses (approximately half) were received.

Accomplishment Report: Peace Corps Training Program for the Philippines for the Period of March 1 - April 30, 1980. International Center on Deafness, Gallaudet College.

Appendix to Peace Corps/Philippines Rehabilitation Services/Deaf Educator TAC as an explanation of 1) preference for deaf applicants, and 2) stateside skill training.

Background Notes, U.S. Department of State, Bureau of Public Affairs: Colombia (July, 1980), Costa Rica (Jan., 1980), Brazil (Oct., 1977), Malawi (July, 1978), South Korea (Aug., 1979), Morocco (Oct., 1978), Seychelles (April, 1978), Ghana (May, 1978), Philippines (Jan., 1977).

Blatt, Burton. The Family Papers—A Return to Purgatory, New York: Longmans, 1981.

Burress, James R. Developments in Services for Handicapped People: Africa, A Project Report, People-to-People Committee for the Handicapped, Washington, D.C., March 1980. Grant No. 22-P-57985/3-03.

FY 1980 Country Management Plan: Vocational Rehabilitation (Jamaica); Social Work (Fiji); Teacher Training/Special Education (Malaysia).

International Directory of Mental Retardation Resources, Rosemary F. Dybwad, Editor, U.S. Department of Health, Education and Welfare, President's Committee on Mental Retardation and International League of Societies for the Mentally Handicapped, Brussels, Belgium. Contract PH 43-67-1295 from NIH. 1977-78 revision.

Morris, Morris David, Measuring the Condition of the World's Poor, The Physical Quality of Life Index (Pergamon Policy Studies-42), published for the Overseas Development Council, 1979.

Peace Corps Training Program for the Philippines, Training Plan 1980.

Peace Corps Program Grid, 1976.

Peace Corps Project Summary Sheets: Dominican Republic/Rehabilitation Therapy (Project 517-B4); Ecuador/Special Education (518-A6); El Salvador/Rehabilitation (519-BO) and El Salvador/Special Education (519-A6); Nicaragua/Special Education (524-B8); Paraguay/Occupational Recreational Therapy (526-B9),Paraguay/Social Work (526-B1) and Paraguay/Special Education (517-B2); Jamaica/Teacher Training; Brazil/NE Special Education (5120A5); Malawi/Preventive Health Services (614-A2); Malaysia/Rehabilitation Services (483-B7); Mali/Blindness Prevention/Rehabilitation (688-A7); Micronesia/Special Education (401-H7); Thailand/Medical Rehabilitation and Mental Health (493-C1); Tunisia/Special Education (364-B9).

Project Plans: Colombia (Special Olympics, April 1978-1981); Chile (Special Education Centers, October 1977-October 1982); El Salvador (Special Education, February 1977-December 1982); Guatemala (Rehabilitation of Retarded Children, May 1977-April, 1983).

Regional Conference Report, Pre-Project for APCDs working in Special Education and Disadvantaged Children Programs, Rene Lara, Peace Corps/Chile, February 28, 1980.

Rehabilitation International Charter for the '80s. Adopted June 1980. Goals and objectives for the '80s in the field of disability prevention and rehabilitation; 40 page booklet. Single copies available free from Rehabilitation International, 432 Park Avenue South, New York, N.Y. 10016.

Richardson, Pamela and Jon Wegge, Seychelles International Year of the Child, 1979, "Nou Bane Zanfans" (Children of Seychelles), a report and working paper for the Seychelles International Year of the Child Commission, 1979.

Statistical Summary Quarterly (all countries, 1961-1980), ACTION Library.

The World Almanac and Book of Facts, 1981, Newspaper Enterprise Association, Inc., New York.

Trainee Assignment Criteria and Trainee Request Projections (all countries, 1977-1981).

U.S. Peace Corps/Philippines, Rehabilitation 164 Orientation Development Plan, June 14 - July 26, 1980 (Manila).

Volunteer Activity Survey, 1979 (all countries).

Weissman, Juliana, "Syncrisis, The Dynamics of Health", an analytical series on the interaction of health and socioeconomic development, Series XXII, Kingdom of Morocco (U.S. Public Health Service), June 1977.

Werner, David, Health Care and Politics, introductory section to an unpublished manual to be used with the publication Where There Is No Doctor — A Village Health Care Handbook.

APPENDIX I

Country Overviews

BELIZE

History of Work Relating to the Handicapped

Peace Corps has had a limited number of volunteers in special education/rehabilitation in Belize. In 1976 there were two volunteers working in rehabilitation projects and one volunteer working in a special education project. Recently, attention has turned toward the problems of youth. Belizians under twenty years of age comprise 65% of the entire population of Belize. The social development department (a division of the Ministry of Social Services, Labour and Local Government) is responsible for the care, supervision, rehabilitation and guidance of delinquent or disturbed youth in Belize.

Recent History

* (1978) Volunteers working on projects benefiting youth with behavior problems in a residential youth hostel in Belize City, and in a vocational rehabilitation center at Listowel in Western Belize
* (1978) 1 physiotherapist volunteer
* (1980) 1 volunteer working at the Lynn School for the mentally retarded with a second volunteer to come in early 1981. This position evolved as a result of requests from the Ministry of Education. The volunteers do not have experience with disabled persons, but have a keen interest in the field and experience in education.

Comments

Peace Corps/Belize is interested in exploring possibilities for future programming in the area of special education/rehabilitation. Belize staff persons believe there is potential for Peace Corps/ Belize to work in this area, but state "we must move carefully and build on the hopefully positive contribution that these two PCVs will be able to make over the next 1 ½ years." (Denise Harris, APCD)

Specifically, as a potential new project for FY 1982, PC/Belize proposes to involve PCVs in the design and implementation of a countrywide survey to assess the special problems of the mentally and physically disabled. In addition, volunteer teachers of special education will be used to design and implement teacher training workshops and a community awareness campaign. PC/Belize also hopes to involve volunteers with experience in the development of special education materials and testing tools.

In pursuit of these goals, PC/Belize hopes to rely on locally available transportation, available reference materials and to establish contacts with professional organizations outside of Belize.

Sources: TAC Sheets
1976 Program Grid
Peace Corps Director Questionnaire
Country Desk Unit

BOTSWANA

Comments

There is currently one Peace Corps Volunteer in a special education assignment working with deaf persons. Peace Corps/Botswana has requested a vocational rehabilitation instructor and a mobility trainer for the blind for 1981.

Source: Peace Corps Director Questionnaire

BRAZIL

History of Work Relating to the Handicapped

Peace Corps' history of work affecting the lives of handicapped persons in Brazil is extensive. In the early years, social work projects were successful in assessing health needs in rural areas and determining how a lack of health facilities impacts on disability, illness and the creation of certain social attitudes. In 1965 an occupational therapist worked in a physical education assignment along with a physical therapist and three social workers. In 1967 three psychologists worked in assignments relating to disability.

Special education projects began in 1972 and experienced a boom between 1974 - 1978 when approximately 30 volunteers/year were involved in a variety of special education/rehabilitation projects. In 1972 a disabled volunteer began a 5½ year assignment teaching the Doman-Dellacotto method of physical therapy. During this same period, there was an occupational therapist working with lepers. By 1976 there were 19 volunteers in special education/rehabilitation projects and two in social work. The major vehicle for special education has been the APAE (Association of Relatives and Friends of the Exceptional) system, which has 202 centers scattered throughout Brazil. APAEs are non-profit institutions assisting low-income mentally and physically disabled children in both urban and rural settings. Peace Corps Volunteers have worked as administrators, supervisors, trainers and teachers in APAEs for the past six years. There are 180 APAEs associated with the Institute for Achievement of Human Potential in Philadelphia.

Recent History

* (1977) At least 3 volunteers working in the education of mentally retarded persons
* (1977) At least 1 working in deaf education
* (1977) At least 2 in speech therapy
* (1977) At least 3 in adaptive physical education
* (1978) Special Olympics was held in Natal with participation from 10 volunteers in special education.
* (1979) Northeast Region: at least 6 volunteers working in special education including teachers, administrators, technicians, public health coordinators and others
  Central Region: 4 physical education instructors (3 in special education schools and one in a secondary school)
  Western Region: at least 7 working in special education, including one physical therapist, one TEFL/TESL teacher in a vocational setting and others providing direct services.

Comments

Peace Corps was phased out of Brazil in December, 1980. An in-depth overview of Peace Corps' work in Brazil is provided in this report.

Included among numerous accomplishments by volunteers: a volunteer working in education for the deaf introduced the total communication approach and sign language to an APAE in the northeast. One volunteer directed an APAE, trained his entire staff, programmed courses and wrote a proposal for the APAE which was generously funded.

Sources: Statistical Summary Quarterly
Country Desk Unit
1979 Country Brief
3 Returned Peace Corps Volunteers

CHILE

History of Work Relating to the Handicapped

Peace Corps' work benefiting handicapped persons in Chile has been extensive and continues to make great strides. The dominant area of activity from 1963-1966 was in social work, with projects carried out in urban and rural areas. In 1967 a speech therapist began work in Chile. In 1976 there were two volunteers working in special education projects. By 1979 two major projects had emerged: the Youth Opportunity Development and Special Education Centers projects. Prior to Peace Corps' efforts, no programs existed for the 2,200 minors detained by the Department of Justice in Chile. Peace Corps' goal is to rehabilitate 500 minors by 1983. Volunteers are assisting detention center personnel in two regions through social and vocational rehabilitation. The project has had an impact on many of Chile's 125 special schools in the provinces. Peace Corps/Chile receives approximately 75 requests for special education volunteers/year. Chile's major need for assistance in special education is in diagnostic and vocational training.

In honor of the International Year of Disabled Persons, a special job conference in Special Education is being held, as well as Special Olympics games and national seminars.

Recent History

* (1978) 7 volunteers advised special education staff in 6 regions
* (1978) 4 trained co-workers in regional diagnostic centers in testing measurement techniques and methods
* (1978) 3 trained 9 teachers in vocational workshops
* (1978) 1 initiated a work/study program in a community for 30 retarded children who became paid employees
* (1978) 7 trained 198 teachers with no previous background in special education
* (1978) 6 advised 6 regional coordinators in curriculum planning
* (1978) 2 conducted an intensive 3-week course on "Conduct Management of Exceptional Children"
* (1978) 1 organized curriculum in a kindergarten where the High Scope Education Research Foundation plan is utilized
* (1978) 2 supervised the practice of more than 50 teachers in training
* (1978) 7 organized parent groups of handicapped children
* (1978) 2 obtained funds from Peace Corps/Washington to improve vocational training workshops
* (1978) 1 helped a counterpart design physical education courses for 150 handicapped children
* (1979) 5 volunteers active in special education center projects teaching self-sufficiency skills, teacher training, developing in-service courses, etc. Volunteers include 3 special education teachers, 1 educational psychologist and one occupational therapist. In 1981 requests will be made for 6 additional special education teachers, 4 additional educational psychologists and 6 additional occupational therapists. The same will be requested in 1982.
* (1979) 13 volunteers working in the Youth Opportunity Development project, including sociologists, social assistants, vocational therapists, vocational orientation directors, rehabilitation psychologists, maintenance specialists, and two volunteers in agriculture.

Comments

The above projects are scheduled to phase out at the end of FY 1984.

Sources: Project Plans, TAC Sheets, Country Desk Unit, PCD Questionnaire

COLOMBIA

History of Work Relating to the Handicapped

In the early Peace Corps years, social work volunteers contributed to efforts in Colombia to deal with issues of disability. In 1963 there were 35 social worker aide volunteers working in Colombia. By 1965 the project had phased down to eight. At that time, a physical therapist and a speech therapist were beginning their work. In 1975 a volunteer who was himself a victim of polio worked with disabled children in Colombia. By 1976 there were nine special education volunteers in Colombia and three volunteers doing social work. Two major projects emerged by 1979: the Special Education/Rehabilitation Project with between 25-36 volunteers and Special Olympics with six volunteers.

Special education/rehabilitation projects attempt to train staff to provide large numbers of handicapped Colombians with educational and rehabilitative services. Only 20,000 of six million Colombians requiring rehabilitation services actually receive them due to insufficiently trained personnel, insufficient funds, a lack of education in the general public and a lack of employment opportunities for the handicapped. The goal of the project is to increase ten fold the numbers of self-reliant handicapped persons and administer training to host country counterparts. The project also involves volunteers in training families in the care of the handicapped and assisting the coordination of partnership projects. Volunteer assignments include curriculum and materials development, recreation program development, music therapy and rehabilitation program development.

The Special Olympics Project, hosted by FIDES (Foundation for the Investigation and Growth of Special Education), endeavors to train counterparts at a rate of one per volunteer, develop sets of materials, train families of the handicapped in educational processes and construct physical education facilities for the handicapped at a rate of one per volunteer (i.e. 20 facilities by 1981). Of one million school- aged mentally retarded Colombians, only 10% receive any physical education.

Recent History

- (1977) 4 volunteers in education of the blind
- (1977) 5 volunteers in education of the mentally retarded
- (1978) 36 volunteers in special education/rehabilitation project
- (1978) 7 volunteers in the Special Olympics project
- (1979) At least 25 volunteers in special education/rehabilitation projects (teaching, providing physical education, vocational education, basic skills, library development, etc.)
- (1979) At least 6 volunteers in the Special Olympics project (physical education, child care guidance in a welfare agency and teaching at a youth center).

Comments

Peace Corps/Colombia is scheduled to close out its operation by the end of FY 1981.

Sources: Statistical Summary Quarterly, 1979 Country Brief, TAC Sheets, Project Plans, Country Desk Unit, Country Director Questionnaire

COSTA RICA

History of Work Relating to the Handicapped

Until 1973 the Peace Corps provided Costa Rica with only limited expertise in special education. One occupational therapist worked in Costa Rica in 1966 and one physical therapist in 1967. A special education project officially began in 1973 when three volunteers were assigned to the Department of Special Education. Since that time, activities have included curriculum revision in one school for special education, translation of materials into Spanish, the initiation of a physical education program in special education, workshops given to special education teachers and diagnosis of learning disabilities by a specialist in learning problems in four schools. Major goals of the special education project include strengthening instructional programs already existing in special education schools, opening four additional schools, and conducting orientation sessions for parents to train in home learning opportunities. By 1979 Special Education and Youth Development became two important projects in Costa Rica. Volunteer assignments include special education resource teachers, resource teacher advisors and learning problems specialists.

Projects in the special education/rehabilitation program are: Rehabilitation I, Special Education, and the Audio-Visual Handicap Prevention Program.

Recent History

- (1977) Rehabilitation I Project: involves dieticians, prothesis design technicians, occupational and physical therapists, rehabilitation nurses and physicians at a National Rehabilitation Hospital in the capital city of San José
- (1978) Special education resource advisors
- (1978) Physical therapists
- (1979) At least 14 volunteers working in special education projects focusing on special education, physical education, art, music, skills and trades, physical and occupational therapy
- (1979) 1 physical therapist teaching at a secondary sports center in a youth development project.

Comments

Peace Corps is projecting a total of 30 volunteers working in special education in a five-year time frame (including possible transfers from other countries, this number might reach 40).

Sources: Statistical Summary Quarterly
1979 Country Brief
Project Review Sheet
Project Descriptions
Country Desk Unit

DOMINICAN REPUBLIC

History of Work Relating to the Handicapped

Peace Corps has had a limited number of volunteers in the Dominican Republic working with handicapped populations. From 1963-1965 a teacher of braille worked with blind persons. In 1965 a volunteer taught physical education to blind persons. At least two social workers were involved in assignments benefiting handicapped persons in the mid-1960s.

Recent History

- (1978) One volunteer specialist in rehabilitation therapy has been working at the Padre Bellini Psychiatric Hospital in the Dominican Republic. The hospital's capacity is 500+ patients. The volunteer has given courses in psychiatric nursing to nurses and through another course has prepared 8-10 assistants for occupational and physical therapy activities. The volunteer is also responsible for the completion of a psychiatric nurse's manual. More volunteers are requested for this assignment.

Comments

The Peace Corps would like to expand assignments relating to disability in the areas of psychiatric nursing, occupational therapy, physical therapy and staff training.

Sources: Statistical Summary Quarterly
Project Summary Sheet
Peace Corps Director Questionnaire

EASTERN CARIBBEAN

History of Work Relating to the Handicapped

Beginning in 1967 with the placement of a mental health worker and two speech therapists, projects for the handicapped in the Eastern Caribbean have become focused primarily on providing services and teacher training for mentally retarded persons. In 1972 volunteers were handling three classrooms of multiply-handicapped children. By 1976 there were nine volunteers working in special education, including a psychologist who collected data related to handicapped persons. There was also one volunteer working in a rehabilitation-related assignment.

Recent History

* (1977) 5 volunteers teaching the mentally retarded, 2 working in deaf education
* (1979) 1 volunteer working in Antigua/Barbuda providing education and training for 50 mentally retarded and 30 deaf children. Through this project, a school for the deaf was established with appropriate curricula developed and staff trained. The project is scheduled to be phased out in 1981.
* (1979) 2 volunteers working on St. Vincent designing a curriculum for mentally retarded persons, forming parent groups and establishing the St. Vincent Association for the Mentally Retarded. The volunteers also initiated resource centers and trained 2 Vincentians to work with mentally retarded persons.
* (1979) 1 volunteer organized and coordinated family services in Barbados
* (1979) 1 volunteer worked with 40 mentally retarded children in St. Kitts, establishing a school for the mentally retarded and conducting staff training.
* (1980) Antigua: 1 teacher/deaf
  Barbados: 1 speech therapist, 1 teacher/mentally retarded, 1 learning disabilities specialist, 1 teacher/multiply-handicapped, 1 physical therapist
  St. Vincent: 1 teacher/mentally retarded
  St. Lucia: 1 teacher/mentally retarded
  Dominica: 2 teachers/mentally retarded, 1 psychiatric social worker
  St. Kitts: 1 psychiatric social worker
* (1981) St. Vincent: 2 teachers/deaf, 1 teacher/mentally retarded, 1 early childhood education teacher
  Dominica: 1 teacher/mentally retarded, 1 psychiatric social worker
  Barbados: 1 teacher/multiply handicapped, 1 physical therapist, 1 speech therapist, 1 teacher/physically handicapped, 1 teacher/mentally retarded
  Antigua: 1 assistant teacher/deaf.

Comments

A few of the many accomplishments in special education assignments over the years include: diagnostic testing; development of sheltered workshops and provision of employment opportunities for 25 students; the development of visual aid materials; the initiation of Special Olympics; the preparation of a physical education manual for the handicapped; the training of 3 Barbadians to teach the mentally retarded; and the introduction of physical education, typing and reading into special education curricula.

Peace Corps/Eastern Caribbean has expanded its activities through its Special Education Development project. Currently, there are 13 volunteers working with various private voluntary organizations. The emphasis is on teaching the mentally retarded, deaf and other handicapped persons. In addition, the program has been able to provide information to the general public about the handicapped population.

New requests for volunteers, to begin working in FY 1982, include:

- Teachers of the Deaf
- Remedial Reading Specialists
- Teacher of the Mentally Retarded
- Teacher of the Blind
- Vocational Rehabilitation Instructors
- Speech Therapist

Sources: Statistical Summary Quarterly
Country Desk Officer
1976 Program Grid
1979 Country Brief
TAC Sheets

ECUADOR

History of Work Relating to the Handicapped

The Peace Corps has contributed much in Ecuador to benefit the lives of handicapped persons. Projects have covered a wide range of approaches and disability groups. In 1964, six social workers were active in urban and rural areas of Ecuador. In 1965 a teacher of the blind began an assignment in secondary education. With 5% of the Ecuadorian population mentally retarded, that group soon became the focus of special education efforts. By 1976 there were 26 special education volunteers in Ecuador. Project assignments included speech therapy, music therapy, physical therapy, a pottery workshop for handicapped children, blind education and education for mentally retarded children. Assignments have generally been centered in urban areas where special education institutions are located (e.g. Quito, Guayaquil, Cuenca and Riobamba).

Recent History

- (1977) At least 28 volunteers working in special education projects, including one who developed Special Olympics
- (1978) 20 volunteers working in special education, including speech therapists, occupational therapists, special education instructors, slow-learner instructors, pre-school specialists and a music therapist
- (1979) 8 special education teachers
- (1979) 2 basic skills teachers (1 pre-school, 1 community-based)
- (1979) 1 art and 1 music teacher in a secondary school
- (1979) 1 health specialist working in a general hospital
- (1979) 1 utilities technician
- (1980) There are presently between 30-40 special education volunteers in Ecuador, the majority working in assignments to benefit mentally retarded persons. A blind volunteer originally assigned to teach in a school for the blind became interested and involved in Special Olympics for mentally retarded children.

  Peace Corps/Ecuador also has a rural special education project involving Portage, an approach to early childhood education.

Comments

Peace Corps/Ecuador has had difficulty filling its requests for volunteers in special education (approximately 15/year).

Sources: Statistical Summary Quarterly
1979 Country Brief
Country Desk Unit
Country Director Questionnaire

History of Work Relating to the Handicapped

Peace Corps/Fiji has concentrated its work with the handicapped in the areas of physical therapy and social work. There is concern for reducing social problems which contribute to illness, disability, drug abuse and crime.

Between 1972-1974, a husband and wife team began work that contributed significantly to the lives of countless handicapped persons. The husband, a prothetist, and the wife, a physical therapist, established a physical locale where individuals from all over the South Pacific could be examined and fitted for prothetics. The volunteers provided the process, the institution and the training necessary to transfer the entire administration of the center over to Fijians by the end of their service.

Another special education/rehabilitation volunteer worked in a rural/provincial area between 1972-1974 with a conglomerate group of disabled and multiply-handicapped individuals.

Volunteers have worked on a continual basis at the Suva Crippled Children's Home, primarily providing direct services in physical therapy.

Recent History

- (1978) The Red Cross Field Worker program began.
- (1978) Seven social workers involved in a variety of income-producing projects for low-income Fijians provided assistance to a non-profit organization which built and equipped a development center for the training of juvenile delinquents. An estimated 500 young people will be affected by this urban-based program by 1983 when the project is scheduled to be phased out.
- (1979) One physical therapist working in a special education school
- (1979) A mental health services consultant working in a secondary school
- The Peace Corps is requesting an additional 20 volunteers through 1984 for the Social Work Project.

Comments

The need for social workers is demonstrated by the massive urban influx which is creating squatter settlements, high unemployment, high crime rates and increased health problems.

Sources:
1980 Country Management Plan
Trainee Request Projection
1979 Country Brief
Project Summary Sheet
Country Desk Unit

GHANA

History of Work Relating to the Handicapped

Special education is considered a high need area in Ghana by ministry officials. The Peace Corps has responded by providing special education expertise over the past decade. By 1976 there were 30 volunteers working in special education projects in Ghana, the majority providing direct services. By 1979 this number had decreased to five volunteers who worked in the two urban schools for mentally retarded persons in Accra (two in special education, two speech therapists and one occupational therapist).

Recent History

* A special education project has been ongoing in a Crippled Children's Home.

* The first chapter of Special Olympics was initiated in 1977 in Accra by Peace Corps Volunteers.

* An art teacher extended her service to teach tie-dye to handicapped persons.

* Special education is expanding to include more work in curriculum development.

* A special education volunteer specializing in education of the deaf will be placed in the Ashanti region in the winter of 1981.

Comments

The Peace Corps/Ghana Country Desk Officer reports a desire on the part of the host country to maintain an active special education program.

Sources: PC Program Grid
1979 Country Brief
Country Desk Officer
James Burress, Director, People-to-People Committee for the Handicapped
Country Director Questionnaire

GUATEMALA

History of Work Relating to the Handicapped

The Pedagogical Center of Guatemala's Neurological Institute (HCA) meets some of the needs of handicapped persons but lacks the funding necessary to effectively upgrade training and services. The goal of Peace Corps' projects in special education is the development of self-help skills for mentally retarded students of the HCA. Peace Corps Volunteers also work to train the staff in physiotherapy techniques, vocational therapy and the use of didactic materials. Until 1977, when the Rehabilitation of Retarded Children Project began, there was only sporadic involvement of Peace Corps in special education projects. From 1963-1965, two volunteers worked in rural social welfare. In 1976 a resocialization therapist worked in the capital city to develop the capabilities and self- sufficiency skills of mentally retarded youth. Volunteers work primarily in the health and education sectors.

Recent History

* (1978) 3 volunteers working in the Rehabilitation of Retarded Children Project

* (1979) 5 volunteers working in the Rehabilitation of Retarded Children Project (one consultant, one curriculum/materials consultant and others providing direct services).

Comments

The Rehabilitation Project is scheduled to be phased out in April, 1983.

Peace Corps/Guatemala is collecting, publishing and distributing a resource pamphlet listing services available in Guatemala for disabled persons. As part of the International Year of Disabled Persons' activities, a slide/tape show will be developed indicating available services. The Peace Corps will also give a party for disabled persons.

Sources: Statistical Summary Quarterly
1979 Country Brief
Project Summary Sheet
Single Placement Request
TAC Sheet
Country Desk Unit
Peace Corps Director Questionnaire

HONDURAS

History of Work Relating to the Handicapped

Social work projects began in 1963 in Honduras, concentrating on the rural areas (eight social workers assigned to rural regions). In 1964 one occupational therapist and two social workers were working in Honduras. In 1965, 14 social work aides were assigned to urban posts. In 1966 a teacher of the blind worked in a rural town while five social workers and 13 social work aides had urban assignments and two psychologists worked in university education programs. Another teacher of the blind was assigned to Honduras in 1972. By 1976 there were four special education volunteers. Over the next few years, three projects became dominant in dealing with issues of disability: In-Service Teacher Training, Physical Rehabilitation, and Special Olympics.

There are an estimated 150,000 severely physically and mentally disabled persons in Honduras and only 800 receive services or attend special centers. Institutions where volunteers have worked include Juana LeCler (for mentally retarded and learning disabled children) and CIRE (Center for Diagnosis, Investigation, and Rehabilitation).

Recent History

- (1978) 1 special education volunteer executed a nationwide study of special education needs in cooperation with the Regional Center for Special Education and the National Commission for Special Education.
- (1978) 3 volunteers working in physical rehabilitation to train others in the techniques of physical and occupational therapy
- (1978) 7 volunteers working in special education/rehabilitation diagnosing the needs for services at a national level, providing in-service training and focusing on learning methods for the mentally retarded
- (1979) At least 1 volunteer working in a specialized hospital and conducting in-service teacher training
- (1979) 2 volunteers teaching in special education schools
- (1979) 2 volunteers working in a physical rehabilitation project, one a physical therapist and the other providing direct services in a general hospital
- (1980) At least one volunteer working in Special Olympics in cooperation with CIRE.

Comments

Recent accomplishments in special education/rehabilitation projects include: the organization of a speech therapy department in a unit servicing 300 handicapped persons; a proposal for a training program for physical therapy aides in the same unit; establishment of a diagnosis system adapting 12 educational tests; on-the-job training for at least 10 teachers in evaluation methods; a modular course on writing and using instructional objectives for teachers of mentally retarded children at CIRE; a 35-page partnership proposal for establishing an educational testing center at a learning disabilities school; one-week workshop on educational materials prepared for two demonstration schools; a course in total communication; a course on behavior consultation; and, a course in evaluation.

Sources:
Statistical Summary Quarterly
1976 Program Grid
TAC Sheets
Statement of Accomplishments, 1978
Country Desk Unit

IVORY COAST

History of Work Relating to the Handicapped

In 1977 the Peace Corps began a five-year project in immunization aimed at reducing an infant mortality rate which had reached 17% in urban areas and was considerably higher in rural areas. Debilitating and disabling diseases common to the Ivory Coast targeted in the immunization project include polio, measles, diptheria, lock jaw, whooping cough, and tuberculosis.

Recent History

- In 1978, four volunteers were active in the immunization project.
- Four additional volunteers were requested in 1979 and 1980.

Comments

While addressing a basic health need, this project will have a direct impact on disability prevention. The project has developed contacts and gained cooperation from the following organizations: the World Health Organization, UNICEF, U.S. Agency for International Development, the Center for Disease Control in Atlanta, and the Centre International de l'Enfance.

Sources: 1979 Country Brief
1979 Project Summary

JAMAICA

History of Work Relating to the Handicapped

Peace Corps' early work relating to the handicapped involved social workers, active between 1964-1968. Interest in providing services to mentally retarded persons grew and volunteers were placed in the Hope Center for the Mentally Retarded in the early 1970s. By 1976 there were nine volunteers working in special education, four in rehabilitation and two in social work. Projects have focused primarily on vocational rehabilitation, special education teacher training and early infant stimulation.

Two major projects comprise Peace Corps' efforts to assist disabled persons in Jamaica: Vocational Rehabilitation and Special Education Teacher Training.

Recent History

- (1977) 5 volunteers working with mentally retarded persons
- (1978) 4 volunteers working in vocational rehabilitation using screening techniques, administering evaluations and teaching new skills to handicapped clients
- (1979) 4 volunteers training special education teachers
- (1979) 1 volunteer conducting research in special education for a U.S. government agency
- (1979) 4 volunteers working in vocational rehabilitation, developing vocational skills with disabled adults to bring them into the labor market
- (1980) Occupational therapists began work at the Mona Rehabilitation Center. A recent outbreak of poliomyelitis created disabilities which a team is servicing. The objective of the project is to assess the vocational abilities of the patients.

Comments

Vocational rehabilitation is considered a crucial need in Jamaica. Most agencies servicing the handicapped are private and voluntary, and funding for vocational rehabilitation is not available. Volunteers work as part of a team in this project area. It is reported that 80% of the sixty children and families followed in a study have progressed steadily in new skill areas.

Plans for FY 1982 include a renewed emphasis on education programs for the handicapped. Peace Corps/Jamaica proposes to share techniques with the various agencies involved and to provide outreach services to more parents. By placing volunteers where they can work closely with handicapped students, it is felt that Peace Corps/Jamaica can have an impact on an area of great need, where currently resources and skills are lacking on the part of government agencies. Volunteers who are themselves handicapped are encouraged to apply for these programs to serve both as teachers and as role models.

New requests for volunteers, to begin working in FY 1982, include:

- Community Development Workers for the Handicapped
- Learning Disability Teacher/Trainer
- Teacher/Trainer in Therapy for the Deaf
- Speech Therapist for Mentally Retarded
- Special Education Teacher
- Guidance Counselors
- Audiologist
- Occupational Therapist
- Vocational Teacher of the Deaf

It should also be noted that every guidance counselor in Jamaica has received in-service training from Peace Corps Volunteers in the Guidance Counselor Project.

Sources:
Statistical Summary Quarterly
Country Desk Officer
TAC Sheets
Project Summary Sheet

KENYA

History of Work Relating to the Handicapped

Special education/rehabilitation projects have been ongoing in Kenya since 1976. At that time there were four special education volunteers working in the education sector, as well as one working in rehabilitation and one social worker. By 1979 the program had expanded to include physical education instruction. Work has focused primarily on self-help and self-sufficiency skills for mentally retarded youth.

Recent History

* (1977) At least 8 volunteers were working with mentally retarded persons.
* (1978) Volunteers began working in speech therapy assignments at a government-assisted private school for mentally retarded and learning disabled children. Emphasis was placed on basic language development, assessment of speech problems and selection of children for specialized programs in speech therapy. This is an urban-based project with an in-service teacher training component.
* (1979) At least 16 volunteers were active in the special education program, including two teaching physical education and two involved in sports activities at a secondary school and a sports center.

Comments

Volunteers whose primary activity is special education also benefit handicapped persons through involvement in secondary activities with local associations for the handicapped and by participating in projects relating to the handicapped in their communities.

Peace Corps/Kenya plans to phase out its efforts in special education due to budget constraints and other priorities set by the government.

Sources:
1976 Program Grid
1979 Country Brief
1978 TAC Sheets
Country Desk Unit

KOREA

History of Work Relating to the Handicapped

Increased support and recognition by the government of Korea of their 1.8 million handicapped citizens has enhanced the efforts of Peace Corps Volunteers working in special education projects. The project began officially in 1977, although as early as 1972 there were two occupational therapists assigned to Korea. In 1978 there were three volunteers working in special education projects in Korea. The work of volunteers affects a wide range of disabled persons including speech- and hearing-impaired, deaf, blind and mentally retarded. Volunteers work in rehabilitation, job placement, administration, teaching and training in such locales as orphanages, schools, institutions and universities.

Recent History

- (1977) A volunteer originally placed as an English teacher working at a privately-funded school for educable mentally retarded students, St. Peters, where he initiated a physical education program
- (1978) Volunteers working at the National Center of Rehabilitation in Seoul, the Pursan School for the Deaf, and a Speech and Hearing Clinic of a hospital where they developed standardized testing, developed appropriate curriculum and introduced total communication methods for the deaf
- (1979) 1 volunteer working in physical therapy in a health clinic
- (1979) 6 volunteers teaching in a rehabilitation setting
- (1979) 1 volunteer in an administrative/management and supervision function
- (1979) 1 volunteer developing special education materials and curriculum
- (1979) 1 volunteer teaching TEFL/TESL in a rehabilitation setting
- (1979) 1 teacher training specialist working in a rehabilitation institution
- (1979) 1 communications/media specialist working as an international organizer/coordinator
- (1979) 1 physical therapist working in a specialized hospital
- (1979) Peace Corps Volunteers organized the first Special Olympics
- (1979) Korea hosted the World Rehabilitation Conference in Seoul. Two volunteers worked to help set up exhibits. The Peace Corps Country Director was a recipient of an award at the Conference.
- (1980) (February) First in-service training workshop held, to be repeated bi-annually.

Comments

It is difficult for Peace Corps/Korea to fill its requests in special education. In 1980, 22 volunteers were requested and only eight requests were filled. There are currently 17 volunteers working in special education projects.

Peace Corps is to be phased out of Korea by the end of FY 1981. Volunteers in special education are suggesting that Peace Corps extend their program several years beyond that date since the program had a late start and the need for trained special education teachers is still great. Volunteers also feel that they are in the beginning stages of creating effective ties with the Ministry of Education. The Ministry first recognized the Peace Corps/Special Education program in the summer of 1979.

Sources: Statistical Summary Quarterly, 1979 Country Brief, Country Desk Officer, Volunteer Request for Continuation of Program, TAC Sheets

LESOTHO

History of Work Relating to the Handicapped

With an infant mortality rate of 106/1000, health services are in critical need throughout Lesotho. The government of Lesotho spends only about 2.8% of its national budget on health services and, consequently, funding is not available for the treatment of and attention to a large disabled population. Peace Corps health projects in Lesotho have been increasingly concerned with reaching into the rural areas of Lesotho where physical and mental illness is believed to have reached serious proportions. Special education volunteers work in health and educational settings.

Recent History

* (1979) A consultant sent to Lesotho developed a model program emphasizing the development of resource rooms to be used by learning disabled children. Resource rooms can be utilized to determine children's special needs and problems. The overall objective of the program is to prevent learning disabled children from dropping out of school.

* (1980) A volunteer specialized in teaching braille to the blind began work in Lesotho.

* (1980) Mental health workers began training to initiate therapy for alcoholic and mentally ill patients. They will also make family visits and provide courses for health personnel in therapeutic techniques.

Comments

Health projects in Lesotho have had an indirect yet profound effect on disabled populations in Lesotho. Volunteers who have trained laboratory technicians and worked directly with the Ministry of Health have successfully transferred knowledge and skills which will have a far-reaching impact on the lives of disabled persons and the prevention of disability.

Sources: Project Summary
Trainee Request Projection

LIBERIA

History of Work Relating to the Handicapped

Peace Corps' work with the handicapped in Liberia dates back to 1968 when a physical therapist was assigned to provide direct services to handicapped persons. Specific involvement in special education has been sporadic. In 1976 two volunteers were working in assignments benefiting handicapped persons: one in rehabilitation providing direct services in the education sector and one providing direct services as a social worker.

Liberia has had active assistance from the Peace Corps in preventive medical services. In-service training has been a major priority. The preventive medical services projects is organized by the Ministry of Health and Social Welfare with a grant from the Pathfinder Fund. Currently, volunteers work in the health and social service sector.

Recent History

- (1980) 7 volunteers are being requested to assist in maternal child health/ preventive medical service projects to carry out the following: upgrade maternal child health services through immunization, growth and development monitoring projects and child-spacing counseling. Volunteers will also collect data through household health surveys, assist in the development of a clinic record system, and conduct home visits for patient follow-up.
- (1980) 15 volunteers are being requested for preventive medical services/ nutrition projects to conduct health education sessions in clinics and local schools.

Comments

With less than 25% health coverage in the rural areas of Liberia, much disease and disability is thought to be preventable. Peace Corps/Liberia's education program is very successful but there is currently no staff expertise in special education.

Sources: Statistical Summary Quarterly
1976 Program Grid
1980 TAC Sheets

MALAWI

History of Work Relating to the Handicapped

Malawi experiences an infant mortality rate of 142/1000, with only 65% of all live births reaching the age of five. Health projects in Malawi have focused on the necessity of upgrading medical services, particularly in rural areas where 90% of the population resides. In the health sector, two volunteers were placed in Malawi from 1964-1966, one working in physical education and the other in a hospital setting. In 1967 a physical therapist joined their efforts to improve services to the handicapped. By 1979 seven volunteers were working in preventive medical services projects. An additional 20 volunteers will be requested each year through 1984.

Special education volunteers work through the Malawi Council for the Handicapped. The Council was established in 1972 and is responsible for coordinating services for the handicapped as well as raising and disbursing funds and donations. The Council has developed training schemes to teach skills to the handicapped while producing items for sale. The profits are then used for program operations. This project is aimed at blind, deaf and physically disabled females who learn home management skills while they sew and knit items for sale. The project also has a program for teaching farming techniques and selling vegetables, and teaching weaving in a factory employing over 100 blind persons.

Recent History

- The Council for the Handicapped is requesting one rehabilitation counselor for 1981 to implement a system of client counseling and to work with the Council's resettlement officers at the Ministry of Social Welfare.

Comments

Peace Corps has been in and out of Malawi, re-entering most recently in 1978. As a result, project continuity has suffered.

Sources:
Statistical Summary Quarterly
Project Summary Sheet
TAC Sheets
Country Desk Unit

MALAYSIA

History of Work Relating to the Handicapped

As early as 1963, a Peace Corps Volunteer was working in blind education in Malaysia. At that time, a 55 Braille copying machine was shipped to the Malayan Federation for the Blind for the volunteer's use. The Peace Corps has endeavored to service the rural poor through its special education projects. Social work assignments began in 1966 and eventually led to the development of a drug rehabilitation project which is quite active. Volunteers in this project work out of drug rehabilitation centers establishing individual and group therapy courses, training staff in counseling techniques and providing seminars (both formally and informally) related to drug abuse. Requests for volunteers come from the Ministry of Social Welfare. The MSW sets the academic requirements and skill levels for volunteers. Volunteers work in four institutions through the MSW, in classroom and extra-curricular activities.

Recent History

- (1977) 3 volunteers working in deaf education
- (1979) 2 volunteers providing direct services in mental health
- (1979) 1 volunteer working in an asylum providing mental health services
- (1979) 2 volunteers working in a hospital providing mental health services
- (1979) 1 volunteer working in a specialized hospital providing mental health services
- (1979) 2 volunteers working as consultants at the Ministry of Social Welfare
- (1979) 1 physical therapist working in a rehabilitation center
- (1979) 1 small business assistant working in an economic development assignment in a rehabilitation setting
- (1980) 3 volunteers serving through the Ministry of Health as psychiatric social workers (10 in training as of 8/15/80)
- (1980) 4 volunteers serving in drug rehabilitation centers through the Ministry of Social Welfare in rural towns (3 in training as of 8/15/80)
- (1980) 2 volunteers working in centers for the retarded: an occupational therapist and a teacher of special education (3 teacher trainers in training to work in an institute and one teacher training to teach remedial education to 20 teachers)
- (1980) Requests for 1981 include: 2 child psychologists for pilot project in a a general hospital; one speech therapist for a Spastic Center in Johor Baru; and one physical therapist for the Cheras Institute for the Physically Handicapped.
- (1981) 5 working in the education sector and 12 in the social service sector.

Comments

Special Education Peace Corps Volunteers are involved with agencies and participate individually in Malaysia's activities for the International Year of Disabled Persons.

Sources: Statistical Summary Quarterly
1979 Country Brief
Memo from Program Manager
Project Summary Sheet
Country Desk Officer
TAC Sheets
Peace Corps Director Questionnaire

MALI

History of Work Relating to the Handicapped

Special education/rehabilitation has only recently been considered as a project area for Peace Corps/Mali. Blindness is a serious problem in rural Mali, where volunteers are working in a blindness prevention project to train rural Malians the techniques of early diagnosis, the detection of incipient blindness and to assist the blind person's integration into Malian society.

Recent History

- (1979) Volunteers working in blindness prevention and rehabilitation assisted in a pilot program to teach handicrafts to blind persons, as well as vegetable gardening, poultry production and tie-dying.
- (1979) Volunteer nurses assisted field workers in the diagnosis and treatment of eye problems. They also gathered statistics on blindness, assessing the need for an expanded program in the Selingue area.

Sources: TAC Sheet
Project Summary

MAURITANIA

History of Work Relating to the Handicapped

High infant mortality rates and an average life expectancy of between 38-44 years points to the high priority status of health programs in Mauritania. Peace Corps is concerned with providing skilled health professionals who can use the Maternal and Child Health Service as a vehicle for expanding the health care vital to reducing infant mortality and in the prevention of illness and disability.

Social workers have been assigned to health posts in the five Maternal and Child Care Centers in the interior of Mauritania. Their responsibilities include the provision of outreach services to rural populations and the education of mothers and children in nutrition and basic hygiene.

Recent History

*	(1978)	8 volunteers working in maternal child health care projects
*	(1979)	6 social workers working at maternal child care centers and in well-baby clinics. They each work closely with a volunteer nurse.

Comments

Peace Corps/Mauritania is still a very small operation. Maternal child health care services are in an expansive stage.

Sources: Project Summary Sheet
1978 TAC Sheet

MICRONESIA

History of Work Relating to the Handicapped

A lack of trained teachers in Micronesia and the consequent poor skills training of the handicapped is a serious problem. By 1991 the Peace Corps hopes, through their special education efforts, to see the handicapped of Micronesia economically self-sufficient and able to participate in the mainstream of their community life. Peace Corps' involvement with the handicapped began with one social worker in 1967. By 1976 there were five rehabilitation volunteers assigned to Micronesia.

Recent History

- (1979) 6 volunteers working in special education in a variety of tasks: teaching total communication, training special education teachers, developing special education curricula and teaching employable skills to the handicapped
- (1980) 1 rehabilitation therapist
- (1980) 1 physical therapist
- (1980) 2 special education trainers
- (1980) 1 speech therapist.

Sources: Statistical Summary Quarterly
Project Summary Sheet
1980 TAC Sheets
1976 Program Grid
Country Desk Unit

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MOROCCO

History of Work Relating to the Handicapped

Rehabilitation projects are in the beginning stages in Morocco. Agencies cooperating with the Peace Corps in their work have been the Alaouite Organization for the Protection of Moroccan Blind, Save the Children, Health Education and Welfare Department, the Cheshire Foundation, Terre des Hommes, Hanan, and Helen Keller International. Assignments to benefit disabled persons are carried out under the Handicapped Rehabilitation Project.

Recent History

- (1978) 1 volunteer teaching strengthening exercises to 75 handicapped children. Also instructed parents in exercises.
- (1978) 2 volunteers performing administrative functions, reporting the progress of 60 physically handicapped girls receiving care and learning crafts at a cardiac rehabilitation center
- (1978) 2 volunteers set up and opened a school to teach 20 blind adult males. They designed the curriculum, trained counterparts and taught basic skills.
- (1978) 2 volunteers working in a home for physically disabled persons providing health education services to 27. One volunteer, the director of the Home, raised large sums of money in voluntary contributions for the Home.
- (1978) 1 volunteer functioning as a sponsorship secretary at a children's welfare organization
- (1978) 2 working at the Kenitra School for the Blind
- (1979) 1 special education teacher
- (1979) 1 physical therapist providing direct services
- (1979) 1 child care specialist
- (1979) 1 providing social services
- (1980) Physiotherapists working on a project for physically handicapped children in a center created for polio victims. Volunteers arranged for surgery, taught the use of prothetics and planned rehabilitation activities.
- (1980) Volunteer who himself suffered from polio was originally placed as an English teacher, but extended a third year to work at the Cheshire Home for Physically Disabled Boys.

Sources:
TAC Sheets
1976 Program Grid
1979 Country Brief
Project Summary Sheet
Peace Corps Director Questionnaire
Country Desk Unit

NEPAL

History of Work Relating to the Handicapped

In 1964 the Peace Corps provided a blind volunteer to Nepal to work with the blind. The volunteer spent four years in Nepal, setting up a program of education and training for all blind children of Nepal. This was a pilot education project through the College of Education in Kathmandu.

The volunteer developed a Nepali braille system based on Hindi braille and taught the system to 20 Peace Corps trainees. He searched for blind students by word of mouth, and found ten students who began braille instruction under him. By 1965 ten blind children were placed in a school with sighted children for the first time in Nepal. A publicity booklet was prepared by the volunteer and he investigated opportunities for sending Nepalese to the United States for advanced training in education of the blind. The program was expanded with the introduction of textbooks in braille. A trained counterpart took over the program when the volunteer terminated his service in 1968.

Another Peace Corps Volunteer worked with the blind between 1977-1979.

Comments

Nepal's resources and educational priorities limit the expansion of special education.

There has been some indication recently of interest on the part of the government of Nepal to have Peace Corps Volunteers continue to work with the blind.

Sources: ACTION Library
Country Director Questionnaire
Country Desk Unit

PARAGUAY

History of Work Relating to the Handicapped

Peace Corps has been providing support to the Neuro-Psychiatric Hospital in Asunción since 1972. Volunteers have done much to improve recreational opportunities and are recently seeking community support to improve the hospital's facilities. Three dominant projects are Occupational/Recreational Therapy, Social Work, and Special Education.

Recent History

* (1978) 3 social workers programming prevention, treatment and rehabilitation activities in rural areas
* (1978) 2 volunteers in an occupational therapy project
* (1978) 5 volunteers working in special education, primarily with mentally retarded children
* (1979) 3 volunteers working in special education: one in a primary school, one in a special education school and one in library science at the Ministry of Social Welfare
* (1979) 2 occupational/recreational therapists: one a mental health worker in an asylum/sanitarium and the other working with the Foundation "Solidarida". The mental health worker initiated group therapy and art therapy with women in a chronic and a recovery ward.

Comments

Plans for the International Year of Disabled Persons include the organization of Special Olympics, a parent's group for parents of disabled children, and a community fund/supplies drive for consciousness-raising.

Sources: Statistical Summary Quarterly
1979 Country Brief
Project Summary
Peace Corps Director Questionnaire

PHILIPPINES

History of Work Relating to the Handicapped

The Philippines has had a great deal of support from the Peace Corps in the area of special education/rehabilitation. As early as 1963, two speech therapists were working in the Philippines, one in secondary education and the other in university education. In 1967, two occupational therapists were assigned to the Philippines and in 1972 three special education teachers began work specializing in elementary education. By 1976 there were 16 volunteers in special education.

Volunteers have been placed in a variety of projects including work at the Elks Cerebral Palsy Project in a total rehabilitation program. Peace Corps/Philippines has also done outstanding work in deaf and blind education.

Deaf Education: Only an estimated 800 of the 20,000 deaf or hearing-impaired in Manila are actually receiving services or are enrolled in special schools. The goal of the deaf education project is to assist the South East Asian Institute for the Deaf (S.A.I.D.) in establishing a model secondary school for the deaf using a total communication approach. Deaf education began in 1974 with one pre-school class of three pupils taught by volunteers. By 1979 classes had expanded to include education through Grade IV. At this time, Filipino teachers of the deaf have been trained and orientation to parents of the deaf given. Volunteers have co-authored, with S.A.I.D. personnel, the first signed English dictionary in the Philippines.

Blind Education: Education of the blind is another important priority in the Philippines which has a 2.13% rate of blindness, fifty percent of which is preventable and 40 percent remedial. The Peace Corps has agreed to assist the Council of Blindness through 1981 in a mass education campaign to prevent blindness. When the project is phased out, it is to be replaced by a "multi-media sight conservation project" designed by a volunteer.

Recent History

- (1977) 3 in education of the blind, one in administration
- (1978) Speech therapists working at the Elks Cerebral Palsy Project
- (1978) Occupational therapists working at the Elks Cerebral Palsy Project
- (1978) 1 special education teacher specializing in cerebral palsy
- (1979) 5 volunteers in deaf education
- (1979) 5 volunteers in blind education
- (1979) 2 volunteers in rehabilitation (physical education and sports)
- (1980) Volunteers working as program advisors in VIDERE Institute for Blind
- (1980) Volunteers working as program advisors at Mt. Province Paraplegic Association
- (1980) 16 volunteers working in deaf education. Most volunteers are deaf or hearing-impaired themselves and were specially trained for this project through Gallaudet College.

Sources: Country Desk Officer
Statistical Summary Quarterly
1979 Project Review
Peace Corps Director Questionnaire

SEYCHELLES

History of Work Relating to the Handicapped

The goal of special education projects in the Seychelles is to provide and maximize services for its handicapped adults and children through a comprehensive rehabilitation program in the School of the Exceptional Child and Craft Training Center, with extension programs on a district level.

Through the efforts of a volunteer working in 1979 for the International Year of the Child Commission, all known handicapped persons in the Seychelles were surveyed and categorized by handicap.

Two special education volunteers, one a teacher for the hearing-impaired and the other an occupational therapist, initiated the program in special education in 1975. They organized and taught handicapped children and adults, and supervised local and overseas fund-raising activities which led to the construction and equipping of the School for the Exceptional Child which opened in 1977. When the program began in 1975, there were 30 children being serviced, plus monthly recreational programs for 120 individuals. Classes were given in an old house and a trailer. Enrollment over the next few years grew to 60 and specialized equipment was purchased by the Children's Society. A new three-room classroom with an audiology center was built in 1977.

Recent History

- (1976) 2 volunteers in special education assignments and 1 volunteer in a rehabilitation assignment
- (1977) A director for the School for the Exceptional Child was requested to administer the already-established program and create new areas of focus. The director also served as a teacher and teacher supervisor, coordinating programs for physically and mentally impaired students attending regular school.
- (1978) One trainee on board to be the final volunteer working in special education in the Seychelles
- (1979) A volunteer collected data on handicapped children in the Seychelles for an International Year of the Child survey. She prepared problem analysis and strategy papers as well as designed and tested pilot projects addressing health, social and special education problems of children.
- (1981) Two volunteers working in the Seychelles, one an occupational therapist and the second a physical education instructor.

Sources:
Program Grid, 1976
Bi-Weekly Report (July 12, 1979)
Project Summary Sheet
TAC Sheet
Returned Peace Corps Volunteer Survey
Peace Corps Director Questionnaire

SIERRA LEONE

History of Work Relating to the Handicapped

Peace Corps projects in special education began in 1972. It is estimated that by FY 1990 there will be enough trained personnel in Sierra Leone to adequately take over the work initiated by volunteers. Volunteers have worked primarily in assignments for the physically handicapped in the education sector.

Recent History

- 4 special education volunteers were working in the Freetown capital area in a school for the physically handicapped in 1976.
- Efforts to recruit volunteers in 1978 and 1979 for special education assignments were unsuccessful.
- 5 volunteers working in special education were completing their service in 1979. An additional six volunteers/year are requested through 1984, after which time the project will be phased out.

Comments

Volunteers are utilized to train teachers in preparing the blind, deaf and physically disabled to lead productive and better lives. They also assist the Ministry of Education in developing long-range educational plans based on needs specific to Sierra Leone and in providing college-level studies in special education topics.

Sources: Country Director Questionnaire
TAC Sheet

SWAZILAND

Comments

One special education Peace Corps Volunteer is currently in Swaziland working for the National Society for the Handicapped.

Source: Country Desk Unit

THAILAND

History of Work Relating to the Handicapped

Physical therapy, education of the deaf, and education of the blind have been the primary thrusts of special education/rehabilitation assignments in Thailand. Early involvement was sporadic, with two physical therapists working from 1967-1969. In 1972, the Peace Corps began work with the blind, but by 1976 only one volunteer was reported to be working in a special education assignment.

Recent History

- (1978) 3 volunteers in medical rehabiliation project (an occupational therapist, a physical therapist and a workshop technician)
- (1978) 4 volunteers in mental health project
- (1978) 1 teacher of the deaf
- (1978) 1 blind volunteer, teaching blind students
- (1979) 2 special education teachers in special schools, one with a focus on TEFL
- (1979) 4 volunteers active in a community health/medical project including three physical therapists (two in a general hospital setting and one in a specialized hospital)
- (1979) 1 consultant in mental health working in a specialized hospital
- (1981) Volunteers in health sector.

Comments

Thailand's projects are growing rapidly and requests are being made for volunteers in all special education fields through 1984. There is a problem, however, with filling the many requests.

Sources: Statistical Summary Quarterly
1979 Country Brief
Trainee Request Projections
Country Desk Unit

TUNISIA

History of Work Relating to the Handicapped

Until recently, work in special education/rehabilitation has been sporadic in Tunisia. In 1965, physical education for the blind was introduced by a volunteer. Thirteen social workers were indirectly affecting the lives of handicapped persons in 1967. In 1976 only one rehabilitation volunteer was reported to be working in Tunisia.

Of the 17 centers for mentally handicapped children in Tunisia, five centers are located outside of the capital city. These, in particular, require much support in the form of teacher training to provide qualified special educators for these schools.

Recent History

* (1978) A program began to train special education teachers in five rural centers for mentally handicapped children. The program requires eight volunteers, two center directors, two pre-school teachers, two manual skills development teachers, one agricultural teacher (greenhouse farming) and one vocational education teacher.

Comments

The project is to be phased out by 1982.

Sources: Trainee Request Projection
TAC Sheets

UPPER VOLTA

History of Work Relating to the Handicapped

Volunteers have worked in assignments at a Polio Rehabilitation Center in Upper Volta. From 1973-1975 a physical therapist worked in Tenkodogo providing direct services to disabled patients. Although the project was phased out, the volunteer was replaced by a British nurse.

Upper Volta has a limited infrastructure for special education or rehabilitation projects. However, there is an interest in developing programs, especially in the area of deaf education. The Peace Corps Director in Upper Volta has made inquiries through Gallaudet College, a liberal arts college for deaf students located in Washington, D.C., concerning their assistance in beginning a deaf education project. Gallaudet College has been extensively involved in providing technical assistance, training, and other assistance to Peace Corps' work with deaf persons throughout the world.

Sources: Returned Peace Corps Volunteer Interview
Peace Corps Director Questionnaire

WESTERN SAMOA

History of Work Relating to the Handicapped

Peace Corps' involvement in education of the blind projects in Western Samoa dates back to 1975 when a volunteer couple began work at a school for the blind. The female volunteer was blind. Other special education/rehabilitation assignments have included a rehabilitation program for lepers in 1976 through Samoa's main hospital, and the introduction of sheltered workshops for the blind. The blind education project collaborates with Helen Keller International in Samoa.

Comments

Since 1977 there has been no Peace Corps involvement in special education in Western Samoa. Special recruitment efforts are being made to locate a teacher of the blind for 1981. The volunteer will work at the Alafamua School for the Blind as the head teacher, as well as assist in the development of a program to achieve basic literacy skills. The school is four miles east of the capital in Letogo.

Sources: 1980 TAC Sheet
Country Desk

YEMEN

History of Work Relating to the Handicapped

By 1977 the Peace Corps had trained twenty Yemeni vaccinators. There is still, however, a shortage of trained vaccinators throughout Yemen. Prevalent illnesses requiring vaccination include smallpox, cholera, tuberculosis, polio, diphtheria, pertussis, tetanus and measles—all diseases that, if not prevented, can cause disability and death. A volunteer has served as the project director for the immunization project and 11 volunteers were working in the project as of 9/30/78. The Peace Corps plans to recruit at least 16 more volunteers for this project in 1981, after which time the project will be phased out.

Source: Project Summary Sheet

ZAIRE

History of Work Relating to the Handicapped

A lack of primary health care accounts for the presence of many preventable and easily treatable diseases and disabilities in Zaire. Health advocates and technical advisors are being recruited by the Peace Corps to work in an expanded program of immunization. The vaccination team will aim its work at high risk populations in rural areas. Volunteers will be responsible for the organization and management of the team as well as the monitoring of vaccine cold chains and supervision of vaccine techniques. Peace Corps Volunteers will also be responsible for establishing and monitoring a disease reporting system.

Recent History

* (1980) Request for 12 health advocates

* (1980) Request for 7 technical advisors.

Comments

To date, there is no activity specifically related to special education but there is interest in and support for initiating such a program provided that resources and effective channels can be identified. At this time, a shortage of staff resources as well as the scarcity of existing Zairian efforts prohibits this type of programming.

Sources: 1980 TAC Sheet
Country Director Questionnaire

The Peace Corps no longer maintains volunteers in the following countries, but each has received some degree of support from the Peace Corps in dealing with the needs and issues arising from disability.

Afghanistan

1966 - one social worker
1969 - one social worker

Bahrain

1976 - three volunteers in rehabilitation (planning, education, and providing direct services)

Bolivia

1963 - 5 social work assistants
1967 - 1 social worker
1968 - 1 social worker
1969 - 1 social worker

Chad

1969 - 5 social workers

El Salvador

1977 - 5 special educators
1978 - 3 special educators
1979 - 4 special educators, including 2 consultants

Guinea

1964 - 1 social worker

India

1965 - 1 social worker
1966 - 4 social worker
1969 - 1 teacher of the blind

Iran

1966 - 3 psychologists, university education
1967 - 2 social workers; 1 speech therapist

Nicaragua

1977 - 2 mental health volunteers
1978 - 5 mental health volunteers (including one occupational therapist); 6 special educators

Pakistan

1963 - 4 social workers in rural community action
1964 - 6 social workers in rural community action
1965 - 6 social workers in rural community action

Panama

1966 - 1 teacher of the blind, agricultural extension; 1 psychologist in university education

Peru

1963 - 2 social workers in rural community action; 15 social workers in urban community action; 28 social worker aides in urban community action

1964 - 2 social workers in rural community action; 11 social workers in urban community action; 23 social worker aides in urban community action; 5 social workers in a health setting

1965 - 1 psychologist in rural community action; 2 social workers in rural community action; 6 social workers in urban community action; 14 social work aides in urban community action; 5 social workers in physical education

1966 - 1 psychologist in rural community action; 1 social worker in urban community action

1967 - 2 social workers

1971 - 1 volunteer working with mentally retarded persons

Uruguay

1965 - 1 social worker in urban community action
1966 - 1 social worker in agricultural extension
1969 - 3 social workers

Turkey

1964 - 4 social workers in health setting
1965 - 2 social workers in community action; 4 social workers in physical education
1966 - 2 social workers in urban community action; 4 physical therapists
1967 - 15 social workers
1968 - 1 physical therapist; 1 speech therapist
1969 - 1 physical therapist; 1 speech therapist

Venezuela

1964 - 1 physical therapist in urban community action
1965 - 17 social workers in urban community action
1966 - 16 social workers in urban community action
1967 - 3 occupational therapists; 2 physical therapists
1968 - 3 occupational therapists
1969 - 3 occupational therapists; 3 social workers
1976 - 1 special education volunteer

The following countries in which Peace Corps presently works have had no assignments in special education and rehabilitation: Benin, Cameroon, Central African Republic, Gabon, The Gambia, Niger, Oman, Papua New Guinea, Rwanda, Senegal, Solomon Islands, Tanzania, Togo and Tonga.

APPENDIX II

Volunteers with Disabilities:

Experiences, Issues, and Recommendations

Volunteers with Disabilities:

Experiences, Issues, and Recommendations

Peace Corps is one of the few international organizations to involve people with visible disabilities in its international development activities. There have been blind volunteers in South America, deaf volunteers in the Philippines, and orthopedically handicapped volunteers in Africa.

In 1980, the first deliberate effort to recruit and train a group of volunteers with disabilities was begun. Eight hearing-impaired volunteers and four volunteers with normal hearing were recruited to work in a deaf education program in the Philippines. Trained at Gallaudet College, the world's only liberal arts college for hearing impaired persons, this group of volunteers is just beginning its tour of duty in the Philippines. Both Peace Corps and the International Center on Deafness at Gallaudet are carefully monitoring this innovative project and a thorough evaluation of the experience will provide much-needed information on the benefits and hazards of such programming.

In thinking about volunteers with disabilities, it is important to keep in mind that the abilities of volunteers are vastly more important than their limitations. Norman Acton, Secretary General of Rehabilitation International, is fond of asking, "Who among us is *seriously able*? That is ... people without flaw—20/20 vision, perfect blood pressure and kidney and liver function, superior intelligence, no allergies, nerves of steel, no pains in the joints or back, strong, nimble, and filled with both bodily and social grace." Mr. Acton goes on to say that probably fewer than five percent of any population can claim to be seriously able and the rest of us manage to cope in ways that are defined more by culture than by physiology. It can be argued that, all things being equal, a Peace Corps Volunteer who lacks a sense of humor may be more "disabled" than another who walks with a limp or hears poorly.

We say this not to minimize or romanticize disability but rather to suggest that most Peace Corps Volunteers are less than perfect. Some disabilities will critically hamper the effectiveness of a particular assignment, in a particular country, at a particular time. Furthermore, it is obvious that Peace Corps does not recruit mentally retarded persons, people with drug or alcohol problems, or those with a record of mental instability.

Returned Peace Corps Volunteer Survey Results

As part of this study, a survey was made of randomly-selected Returned Peace Corps Volunteers working in special education and rehabilitation. The returned volunteers were asked to comment on the role of disabled volunteers serving in the Peace Corps. There was a general consensus among the returned volunteers that such persons provide excellent role models, serving as examples of skilled and competent professionals in countries where disabled persons do not usually have the opportunities to work productively and make valuable contributions to the life of their communities.

Returned volunteers also noted that disabled volunteers often help to improve the overall image of disabled persons. "Recruitment of disabled volunteers," one RPCV noted, "is basic to Peace Corps' ideals and policies." Another noted that a disabled volunteer has the best awareness of the needs of other disabled persons and is best able to stimulate the involvement of host country disabled persons in Peace Corps projects.

One former volunteer summed up the positive side of recruiting disabled volunteers by stating that, "to have a handicap and succeed is the best selling point for education of the handicapped."

Other volunteers saw reasons to be cautious in the selection of disabled volunteers. One noted that there is not enough supportive assistance to adequately cope with disability and that the Peace Corps is not sensitive enough to the needs of disabled persons. Others believe that it is harder for a disabled volunteer to be accepted into the culture. They assert that disabled volunteers encounter many more difficulties due to cultural prejudices which make adaptation more difficult.

Country Director Survey Results

According to the Country Director's Survey conducted in December, 1980 and January 1981, Peace Corps Volunteers with disabilities have worked in 17 countries out of 31 responding to the survey (Malaysia, Thailand, Oman, Morocco, Korea, Philippines, Sierra Leone, Ghana, Liberia, Gabon, Senegal, Botswana, Lesotho, Jamaica, Colombia, Ecuador and Belize. In Upper Volta, a disabled volunteer was recruited but left during training.). Asked if they believed disabled volunteers could work effectively in their host country, all except two agreed that they could. Nepal's country director stated that while most disabled volunteers would not be effective, hearing-impaired volunteers would be acceptable. Togo's country director responded that such a selection would depend upon circumstances.

The APCD* in the Philippines stated that only medical reasons and not a disability per se should keep a potential volunteer from serving.

The country directors were evenly divided on the question of whether or not a disabled volunteer would find life too difficult in a developing country to be effective in his or her work. All country directors except two (in Korea and Lesotho) agree that there would be too few in-country resources for a disabled volunteer, and eight countries believe that host country nationals may have negative feelings about disabled volunteers (Malaysia, Thailand, Oman, Morocco, Liberia, Botswana, Yemen and Paraguay).

A few country directors also believe that a disabled volunteer might require more staff attention (Ghana, Senegal, Yemen, Colombia, and Ecuador).

Twelve country directors agree that safety and security might be a problem for a disabled volunteer (Thailand, Morocco, Sierra Leone, Ghana, The Gambia, Liberia, Botswana, Senegal, Yemen, Colombia, Ecuador and the Central African Republic).

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* Associate Peace Corps Director (Program Manager)

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Other concerns regarding utilization of disabled persons as Peace Corps Volunteers include a scarcity of sophisticated medical treatment (Malaysia, Nepal and Ecuador) and restrictions on private ownership of vehicles, as well as transportation difficulties (Zaire, Botswana). In Botswana, the Ministry of Education rejects the notion of recruiting disabled volunteers.

Many directors recognized positive reasons why disabled volunteers might be recruited. Eleven country directors believe that disabled volunteers are more committed, 14 believe they inspire other volunteers, eight believe they actually need less staff attention and 24 believe they serve as positive role models.

In terms of special training for disabled volunteers, the majority of country directors recommend training both for the staff and for the volunteer. Upper Volta's director expressed the view that staff training would not be needed and that too much training for the volunteer could be a negative factor. The director in Benin does not recommend additional staff training, and Zaire's director recommends only the effective recruitment of disabled volunteers with appropriate skills, without any special training.

The general impression derived from this survey is that country directors are cautiously optimistic about the continued involvement of Peace Corps Volunteers with disabilities in most countries.

Recommendations Concerning Volunteers with Disabilities

Based on the survey findings and interviews with several disabled volunteers and former volunteers, the authors wish to make the following recommendations to Peace Corps personnel regarding volunteers with disabilities:

- During the International Year of Disabled Persons, convene a three-day seminar for Returned Peace Corps Volunteers who have disabilities.

  Comment: Select 10-20 such volunteers to come to Washington to meet for two days and to prepare a special program for the entire Peace Corps staff on the third day. Use the proceedings as a guide in recruiting, training and programming.

- Encourage more publicity of the work of disabled volunteers in publications serving the disabled community in the United States.

  Comment: Peace Corps is the first organization to remove the barriers to international service for disabled persons. Take credit for this, discuss it more fully, and learn from the experience.

- Do not make strict policies concerning the use of volunteers with disabilities.

  Comment: Be flexible and look primarily at the abilities of the person who is applying. Disabled people usually are the best judges of their own limitations.

- Avoid surprising host agencies and in-country staff with disabled Peace Corps Volunteers.

  Comment: The interests of privacy are not served by neglecting to inform staff and host agencies that a new volunteer has a disability. The "sink or swim" approach is very risky.

- Recruit potential volunteers in the Independent Living Network and the American Coalition of Citizens with Disabilities.

  Comment: Disabled persons are organizing dynamic and effective self-help and advocacy groups throughout the United States. Similar groups can be initiated or encouraged in developing countries at low cost with few institutional constraints. The Independent Living Centers and the ACCD have direct communication with skilled and assertive disabled persons.

Summary

Throughout its history, the Peace Corps has involved disabled persons as volunteers naturally, effectively, and quietly. There are some occasional problems with being a disabled foreigner in a developing country but there is no evidence to suggest that disabled volunteers have more problems or fail more frequently than their able-bodied colleagues.

In many instances, skilled and sensitive Peace Corps Volunteers with visible disabilities have transformed the attitudes of entire cities and, by their determined example, have broadened the hopes and vision of hundreds of other disabled citizens in their host communities.

APPENDIX III

Peace Corps Country Survey

PEACE CORPS COUNTRY SURVEY

Projects Addressing the Needs of Disabled Persons

Please complete and mail this questionnaire by ______________________

Country or Area ______________________

Name of Person Completing the Survey ______________________

Date Completed and Mailed ______________________

There are probably experts in questionnaire design somewhere but we are not among them. Please be tolerant of our attempt to ask sensible and answerable questions. This should only take a few minutes of your time.

This questionnaire attempts to find out about the work of Peace Corps Volunteers working in assignments that benefit disabled people (i.e. people who are blind, deaf, orthopedically limited, mentally retarded, mentally ill, alcoholic, or otherwise mentally, physically, or socially disabled).

This information will be included in a report and program assessment to be published in early 1981. In addition, the information gathered will be used to improve recruitment, training and services to volunteers. Thank you for your help.

General Instructions

Most of the items in this report refer to the present situation, future needs, or past history generally not exceeding five years. We realize that any one person will not likely be able to answer all the questions. Since we are sending only one questionnaire to each country, please ask for help from your colleagues if time permits. Feel free to write comments in the margins or at the end of any of the sections.

Part I. General Program Information

0	Don't know, or not applicable
1	Yes, or I agree
2	No, or I disagree

___ A. In your host country, are there currently volunteers working primarily in assignments dealing with disabled individuals?

If the answer to the above question was "No," please indicate whether the following reasons are relevant.

___ A.1 There is no staff experience in the area of special education.

___ A.2 We have had no requests for such volunteers from the host country.

___ A.3 There are not many programs or sites where such volunteers can be placed.

___ A.4 Recruitment of such volunteers has been unsuccessful.

___ A.5 Our past experience in such programs has been unsuccessful. If yes, can you briefly describe:

____

____

___ A.6 Other reason. Please describe:

____

____

____

B. If there are currently no volunteers working primarily in assignments dealing with disabled persons, are you interested in:

___ B.1 Receiving materials and information about special education programs and/or disability in developing countries?

___ B.2 Requesting the services of a program consultant?

___ B.3 Other? Please specify:___________________________

C. There are differing opinions within Peace Corps about the extent to which programming volunteers to improve opportunities and services to disabled persons is consistent with our BHN policy. What is your opinion on this issue?

___ C.1 Definitely consistent with our BHN policy.

___ C.2 Somewhat consistent with our BHN policy.

___ C.3 Undecided.

___ C.4 Somewhat inconsistent with our BHN policy.

___ C.5 Definitely not consistent with our BHN policy.

IF YOU ANSWERED "NO" TO QUESTION A, it is not necessary to continue with this questionnaire but please complete the Disabled Volunteer Profile Questionnaire and return both as soon as possible.

IF YES, please continue.

0 Don't know, or not applicable
1 Yes, or I agree
2 No, or I disagree

D. Are there PCVs working with disabled persons in the areas described below?

___ D.1 Health: Includes occupational therapists, physical therapists, nurses, physicians and sometimes others who deal with the health aspects of disability.

___ D.2 Education: Includes special education, school psychology, counselors, and vocational educators working primarily in school or university settings with disabled persons.

___ D.3 Social Service: Includes social workers, community development specialists, or others working with disabled persons in home or community settings.

___ D.4 Vocational Development: Includes technical training specialists or job development specialists concerned with the employment of disabled persons.

___ D.5 Other. Please describe:

____

____

___ E. Are you aware of any current volunteers whose work benefiting disabled persons or programs is especially effective or interesting? If yes, please name them if we may contact them for further information.

____

____

___ F. Can you recall any former volunteers whose work benefiting disabled persons or programs was especially effective and interesting? If yes, please name them and we will try to contact them if time permits.

____

____

___ G. In general, I think our programming in special education and rehabilitation has been quite successful.

___ H. The host country organization and agencies seem very pleased with the work of PCVs in special education and rehabilitation.

___ I. We should devote less attention to such programming and concentrate on other development areas.

___ J. The problems of disabilities here do not seem to warrant much additional attention from the Peace Corps.

___ K. In this country, the 1981 United Nations International Year of Disabled Persons has had noticeable impact, increasing attention and action relating to improving the quality of life of people with disabilities.

___ L. We are making specific plans for Peace Corps involvement in IYDP activities. Describe briefly (use reverse side of page if necessary):

____

____

Part II. Volunteer Qualifications, Recruitment and Training

There is some evidence that various countries have had difficulty in getting volunteers for special education and rehabilitation-related positions. We would like to have your view about this problem and related issues. Please rate the following items accordingly.

0 Don't know, or not applicable
1 Yes, or I agree
2 No, or I disagree

___ A. We have requested PCVs for special education and rehabilitation jobs which have gone unfilled.

B. Approximately how many unfilled positions in special education and rehabilitation have occurred in the past 3 years? ______________

___ C. Peace Corps' recruitment efforts have been adequate to meet most of our needs.

___ D. We have had to place several volunteers in special education or rehabilitation related positions, although the PCV had little or no previous training in that area.

___ E. In general, we find that volunteers without academic training in special education/rehabilitation-related field often do good work in programs for disabled persons.

___ F. We have had a problem with PCVs in special education and rehabilitation who have good academic training but not enough practical experience.

___ G. If well-qualified volunteers in special education and rehabilitation were available, there would be no problem finding appropriate job assignments for them.

___ H. We have a PC staff person who specifically handles all programming for projects dealing with disabled persons. If yes, please name him or her.

____

____

I. If there is not a staff person responsible for programming projects in special education/rehabilitation, what factors account for this?

____

____

____

J. The following kinds of training or technical assistance are sometimes available to assist in-country Peace Corps staff and volunteers to deal with some special need. Please rate the extent to which each item below might be needed or wanted for improving projects relating to disabled persons in your country.

Rating Scale:
0 - Not needed or wanted at this time
1 - Somewhat needed or wanted at this time
2 - Moderately needed or wanted at this time
3 - Very needed or wanted at this time

___ J.1 More extensive pre-service training for volunteers.
___ J.2 More extensive in-service training for volunteers.
___ J.3 Occasional technical assistance consultation visits to country.
___ J.4 More written technical assistance from OPTC/ICE.
___ J.5 Special staff training opportunities.

K. Please make any additional comments you wish about PCV qualifications, recruitment and training related to work with disabled persons. Use other side of page if necessary.

Part III. Materials and Publications

In recent years, there has been a rather large number of publications and materials developed that might be described as "practical guides for working with disabled persons in developing countries." These have been developed by many different people from different organizations in different countries. One problem is that they are not easily available to people who need them the most such as Peace Corps Volunteers.

The material we are collecting for ICE includes such titles as *How to Raise a Blind Child*, *How to Build Furniture for Disabled Children*, *Rehabilitation Devices Made Out of Wood*, *Organizing Parents of Exceptional Children*, and dozens of similar titles. At this time we have gathered enough such material to fill a four foot shelf. With this in mind, please respond to the following statements. ICE plans to follow up individually on leads and needs expressed here insofar as possible.

Please use the following rating scale for the items listed below.

0 Don't know, or not applicable
1 Yes, or I agree
2 No, or I disagree

___ A. Our volunteers have expressed a need for more publications and materials to assist in their work.

___ B. If we had a basic library of special education and rehabilitation information, our volunteers would make good use of it.

___ C. Some of our volunteers have gotten materials and publications from international organizations and agencies.

___ D. Our office has already collected some useful publications and materials that volunteers may use.

___ E. We have been in touch with ICE and received materials from them.

___ F. Right now there are some specific publications and materials that our volunteers need. If yes, please list those items below.

____

____

____

___ G. Are you aware of any publications or training materials developed by volunteers in special education or rehabilitation projects that should be included in the ICE resource center and made available to volunteers in other countries? If yes, please suggest how we might obtain copies.

____

____

____

Part IV. International Cooperation

Numerous international organizations report that they occasionally collaborate with Peace Corps Volunteers in addressing the needs of disabled persons. The following questions are concerned with such cooperation in your country.

A. The following organizations are some of the private international organizations based in the U.S. which carry out various activities in disability prevention, special education, and rehabilitation. Please mark whether or not you have heard or them or know anything about their work.

0 Have not heard of them
1 Have heard of them but no previous contact with them
2 Have made use of materials
3 Collaborate in-country

___ A.1 Helen Keller International.
___ A.2 People-to-People Committee for the Handicapped.
___ A.3 International Center on Deafness at Gallaudet College.
___ A.4 Partners of the Americas: Partners Rehabilitation Education Program.
___ A.5 Rehabilitation International.
___ A.6 Rehabilitation International U.S.A.
___ A.7 University Centers for International Rehabilitation (UCIR) Michigan State University.
___ A.8 International Committee Against Mental Illness.
___ A.9 International School Psychology Committee.
___ A.10 World Rehabilitation Fund.
___ A.11 Special Olympics, Inc. (Joseph P. Kennedy, Jr. Foundation).
___ A.12 Goodwill Industries International.

B. Have any other organizations, not on this list, provided direct cooperation with volunteers addressing the needs of disabled persons? If yes, please list them here.

____

____

C. Several kinds of "direct" cooperation with Peace Corps Volunteers are occasionally claimed by international organizations. Please rate the extent to which volunteers in your area have received cooperation relating to the needs of disabled persons.

0 Don't know, or not sure
1 Yes, such cooperation has occurred
2 No, such cooperation has not occurred

___ D. Peace Corps Volunteers exchange letters with representatives of international organizations.

___ E. Peace Corps Volunteers receive publications, information or materials from international organizations.

___ F. Peace Corps Volunteers contribute articles or information to international organizations.

___ G. International organizations have included Peace Corps Volunteers in workshops, seminars, or training activities in-country.

___ H. International organizations and PCVs have developed seminars, workshops or training activities together.

___ I. International organizations have provided funds to projects in which Peace Corps Volunteers work.

___ J. International organizations have provided technical assistance to projects in which Peace Corps Volunteers work.

___ K. Other. Please list:

____

____

BASELINE FOR DISABLED VOLUNTEER PROFILE

Peace Corps would like to encourage the use of qualified PCVs with physical disabilities in our programs. We are currently exploring ways to strengthen and support this effort. We recognize that this is a complex issue in most countries and that support systems are not currently in place. **DEFINITION: For the purposes of this survey, we are interested in volunteers with "apparent disabilities" such as hearing impairments, visual impairments, orthopedic limitations, epilepsy or other conditions which, in the natural course of events, become apparent to friends and colleagues. Some medical conditions, such as diabetes or hypertension, are not readily "apparent" and are not the concern of this survey.** It would help us to know the following:

0 Don't know or not applicable
1 Yes, or I agree
2 No, or I disagree

___ A. Do you know of any former or current Peace Corps Volunteers who have disabilities?

If yes, we would like to solicit their opinions for this report. Please list below any that you think might cooperate with this program assement.

____

____

___ B. PCVs with physical disabilities can work here effectively.

C. There are occasionally reasons why disabled Peace Corps Volunteers, in the opinion of some, should not be assigned to certain areas.

Please rate whether the following reasons might apply in your country.

___ C.1 The disabled PCV may find everyday life here too difficult.
___ C.2 There are few in-country resources for a disabled person.
___ C.3 The host country nations may feel negative about disabled PCVs.
___ C.4 Disabled PCVs may require too much staff attention.
___ C.5 Safety and security for disabled PCVs may be a greater problem than for other PCVs.
___ C.6 Other concerns: (please list)

____

____

____

___ D. There are occasionally reasons why disabled Peace Corps Volunteers should definitely be assigned to certain areas.

Please rate whether the following reasons might apply in your country.

- ___ D.1 Volunteers with disabilities are often more committed to their work.
- ___ D.2 Volunteers with disabilities seem to inspire the other volunteers to do better work.
- ___ D.3 Host country nationals have positive attitudes toward disabled volunteers.
- ___ D.4 Disabled volunteers actually need less staff attention and work more independently.
- ___ D.5 Volunteers with disabilities serve as positive role models for other disabled people in our area.
- ___ D.6 Other reasons (please list):

____

____

____

___ E. What recommendations would you make regarding involvement of disabled volunteers?

- ___ E.1 Training for the staff to cope with issues surrounding the volunteer's assignment and his/her adjustment.

- ___ E.2 Special training for the PCV to cope with issues about the impact of his or her disability on the Peace Corps assignment.

- ___ E.3 Other. Please specify:

____

____

APPENDIX IV

Returned Volunteer Survey

RETURNED VOLUNTEER SURVEY

General Data

Name: ____________________

Telephone (Daytime): ____________________

Current Mailing Address: ____________________

____

____

Dates of Peace Corps Service: ____________________

Age upon Joining the Peace Corps: ____________________

Principal Work Location(s) Check those that apply:

____ Urban ____ Small Town ____ Rural or Village

Principal Work Site(s): Name of school, clinic, center, etc.:

____

____

Work Assignment (i.e. special education, speech therapy, physical therapy, etc.): ____________________

PART ONE: In this section, we would like to have some background information relating to your training and experience prior to joining the Peace Corps.

A. Training Background

1.1 Level of academic training prior to PC service (Check appropriate items)

___ I did not attend college
___ I attended but did not complete college
Major area of study ____________________
___ I graduated from college
Degree(s) in ____________________
___ I attended graduate school
Major area of study ____________________
___ I completed graduate studies
Advanced degree(s) in ____________________

___ Other training ____________________

1.2 Practical experience prior to PC service (Check one)

___ I did not have any practical experience related to special education or rehabilitation.

___ I had 1-3 years of practical experience in a special education or rehabilitation-related job. Please specify nature of work:

____

____

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___ I had over 3 years of practical experience in a special education or rehabilitation-related job. Please specify nature of work:

____

Briefly list practical work experience prior to Peace Corps service unrelated to special education or rehabilitation: ______________________

____

____

Please rate your level of agreement or disagreement with the statements below using the following scale:

0 Don't Know, or Not Applicable
1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

___ 1.3 In general, I think that my background and training qualified me well for the job I performed in the Peace Corps.

___ 1.4 I do not believe that my level of training correlated significantly to my success as a volunteer.

___ 1.5 I think that my academic training proved more important than my practical experience in qualifying me as a special education/rehabilitation volunteer.

My work as a volunteer would have benefited from the following:

___ 1.6 More academic/technical training.
___ 1.7 More "on-the-job" types of experiences.
___ 1.8 A better awareness of the cultural/social environment I would be working in.
___ 1.9 Knowledge of the experiences of other Peace Corps Volunteers in similar work sites.
___ 1.10 A better awareness of the country's institutional resources and structure and how to work within the system.

B. Recruitment

___ 1.11 I applied for an assignment in the Peace Corps independently of a Peace Corps recruiter.

___1.12 I specifically chose the country I wanted to work in on my Peace Corps application.

___1.13 My original assignment in the Peace Corps was not in the area of special education or rehabilitation. Please state area of original assignment: ____________________________

___1.14 Host country supervisors of programs for disabled persons appeared to think it was important that Peace Corps Volunteers have extensive academic training.

___1.15 Based on my experience as a PCV, I would recommend that the Peace Corps aim in their recruitment strategies for more specialized professionals vs. generalists to work in their special education and rehabilitation projects.

___1.16 I believe that volunteers with limited practical work experience in the field of special education and rehabilitation can do very effective work on Peace Corps projects addressing the needs of disabled persons.

PART TWO: The following items concern the time during which you actually served as a Peace Corps Volunteer.

Using the following scale, please rate your level of agreement or disagreement with the items below:

0 Don't Know or Not Applicable
1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

___2.1 My Peace Corps training (overall: language, cross-cultural and technical) was valuable and useful.

___2.2 My principal job in the Peace Corps was different from the one I expected.

___2.3 I held essentially the same job throughout my Peace Corps service.

___2.4 In my work, I had direct contact with disabled persons in my host country.

___2.5 In professional terms, I was well qualified for my Peace Corps job.

___2.6 In personal terms, I was well qualified for my Peace Corps job.

___2.7 My job assignment used my skills to their fullest.

___2.8 I had little access to technical assistance from people or programs in other countries.

___2.9 The Peace Corps Country Director/staff appeared to appreciate and value my work.

___2.10 The Peace Corps Director/staff provided valuable assistance and support to my efforts.

___2.11 There were greater problems than I anticipated in my work.

___2.12 On my job site, there were one or more other PCVs doing work related to mine.

___2.13 A PCV had been performing my job before me.

___2.14 When I left the country, another PCV came in to take my place on the job.

___2.15 I was involved in training, providing orientation or assisting a PCV who replaced me on my job.

___2.16 I received orientation, training, or assistance from a volunteer whom I replaced.

___2.17 I was directly involved in training host country nationals in skills which I possessed.

___2.18 Host country nationals trained me to use skills or practices which I did not previously possess.

___2.19 I had little awareness of the work of other Peace Corps Volunteers working in jobs similar to mine.

___2.20 I consider Peace Corps projects addressing the needs of disabled persons to be consistent with Peace Corps' policy to address the most basic human needs in developing countries.

___2.21 I achieved a level of language proficiency adequate to communicate effectively in my job.

___2.22 I received written correspondance or technical assistance from Peace Corps staff in Washington.

___2.23 I received written correspondence or technical assitance from international or national organizations based in the U.S. If yes, please name the organization(s):______________________________

___2.24 My host employer(s) and supervisor(s) appeared to value my work.

___2.25 I think that more people who work with disabled persons in the U.S. should consider joining the Peace Corps.

___2.26 I think that more disabled persons with specific skills should be recruited for Peace Corps service. Could you briefly indicate why or why not?

___2.27 Please submit the names of other volunteers whose work benefiting disabled persons was particularly outstanding. We may contact them with a similar questionnaire.

PART THREE: In this section, we would like to know what has happened since you completed your Peace Corps service.

3.1 When did you complete Peace Corps service? ____ ____
Month Year

3.2 Did you remain in the field of special education/rehabilitation? ____

3.3 Did you get additional academic, professional, or technical training after returning from Peace Corps service? If yes, please describe briefly:

3.4 Are you currently employed? ___. If yes, please give your title and a brief description of your work.

Please rate your level of agreement or disagreement with the following statements using this scale:

0 Don't Know or Not Applicable
1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

___3.5 My Peace Corps experience had a positive impact on my personal development.

___3.6 My Peace Corps experience had a positive impact on my professional development.

___3.7 I gained specific knowledge in my Peace Corps work which I have applied in my work here in the U.S.

___3.8 My colleagues are aware of my Peace Corps experience and seem to appreciate what it has done for me.

___3.9 The language training I received in the Peace Corps has been used in my work in the U.S.

___3.10 At a later point in my life, I would consider serving in the Peace Corps once again.

___3.11 I stay in touch with some former PCVs who served with me.

___3.12 I stay in touch with some of the people in my host community.

___3.13 I have occasionally provided materials on technical assistance to people in my former work site.

___3.14 If called upon, I would be interested in serving as a consultant to the Peace Corps in future programs addressing the needs of disabled persons.

___3.15 I would be interested in participating in an international information-sharing network with other former PCVs, professionals, community leaders, and disabled persons concerned with disability in developing countries.

3.16 We are interested in identifying some leaders of programs for disabled persons in host countries where Peace Corps Volunteers have served. Can you identify any such persons so that we might write them directly? We will not ask them to identify any specific volunteers in their assessment.

Name: ____

Address: ____

____

3.17 Please make any other comments you wish to make about your experience in the Peace Corps, the role of Peace Corps in addressing the needs of disabled persons, or any issues suggested by this questionnaire. (Feel free to handwrite your response and use the back of this page if necessary.)

Thank you for the benefit of your time and experience.

GPO 883-911

Since 1961 when the Peace Corps was created, more than 80,000 U.S. citizens have served as Volunteers in developing countries, living and working among the people of the Third World as colleagues and co-workers. Today 6000 PCVs are involved in programs designed to help strengthen local capacity to address such fundamental concerns as food production, water supply, energy development, nutrition and health education and reforestation.

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